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ORIGINAL ARTICLES.

DRUGS VS. PUBLIC HEALTH.*

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While every resource is being used to find out the best treatment of diseases, it is equally important to know the *avoidable causes of sickness*, and admonish the people to so order their lives that no ailment may result from a disregard of nature's laws. It is evident that the medical profession has had considerable to do in relieving the suffering in the world, but it has not taken as much interest in discovering and endeavoring to remove the *causes of ill health*. So long as the people do not observe natural laws, we shall have no abatement of nervous exhaustion and the increase of broken down constitutions. It is not difficult to see that there is in preventive medicine a vast unexplored region. Public hygiene is still in its infancy. Certain forces are at work producing sickness, and a vast amount of drugs are used to counteract the evil tendencies engendered, without sufficient attention being given to the causes that have occasioned the sickness, and the removal of which will restore health with little or no medicine. We study fully the effects of disease, but do not as fully investigate the causes, which are more difficult to find. The communicable diseases, such as scarlet fever, measles, yellow fever, diphtheria, etc., are known by their manifestations, but no one has yet discovered the principle upon which they invade the human system. Their mysteries many have undertaken to explain, but nothing more has been accomplished than to show how the body may be prepared for disease, as a farmer ploughs and harrows his ground before he sows the seed. It is necessary for us to know whether a certain disease is developed by inherited tendencies, or an invisible and indefinable miasm, or fermentation, or germs, or animalculæ; or whether what we call a disease is partly or wholly due to the long continued *abuse of drugs*. The views now held by the majority of physicians regarding the origin of disease date only from the cholera epidemics of 1832 and 1849, and the well known researches of Pasteur into the processes of fermentation and putrefaction, and the minute organisms connected with them. It is but recently that physicians have seriously begun to inquire into the causes of disease, and the advancement already made gives us reason to believe that before another decade sanitary science will be taught in our public schools.

Being impressed with the fact that a great deal of the suffering in the world has been brought on by the ignorance, not only of the common people, but doctors; and that diseases regarded as mysterious and past finding out are frequently due to *excessive medication* and *poly-pharmacy*, I have undertaken in this paper to show how drugs affect the public health and increase the death rate of this country. The old school medicine of the past is not medicine properly so-called, but medico-chemistry pure and simple. The *chemists have led the way* and the doctors have followed, without stopping to find out how drugs act upon the healthy human organism, or to look for a natural law upon which all successful remedial treatment depends The most violent drugs were never more used and abused than at the present time. Preparations of *Arsenic, Nux Vomica, Opium, Mercury, Belladonna* and all the most energetic alkaloids are in common use by old school doctors, both in acute and chronic diseases. There is not a day in which an observing practitioner of medicine does not see patients compelled to submit to the most powerful medicine, either in granules, or sugar or gelatine-coated pills, or fluid extracts, or alkaloids, or resinoids, or tinctures, or powders composed of rarely less than from three to a dozen of the most deadly poisons. Allopathy abounds in classic literature on the history of medicine, pathology, etiology, and diagnosis, but in therapeutics the wildest liberty of action is taught and practiced, and the *maximum*—seldom or never the minimum—*doses* of the selected drugs are administered, regardless of physiology and hygiene. If the attending allopath desires to give his patient rest from pain, he never stops to inquire what remedy is best adapted to the case, from the physiological standpoint of the therapeutist, but immediately gives his patient an anodyne, and afterward writes his *long prescription*. To-day, as seen from the allopathic literature, the *subcutaneous injection of Morphia* has become almost universal, and it is employed for complaints of the most trivial character.

The immediate and remote dangers of extending this practice are great. There is apt to be a slurring of diagnosis and a blind treatment of the most prominent symptoms. By such practice the common people are taught how to administer anodynes, and resort to them in every painful emergency, no matter how much injury may be inflicted on the nerves, and not stopping to inquire what the nature of the disease is or what ought to be done. The slovenly diagnosis and unscientific treatment of the ordinary allopath is largely resultant of his practice to hastily administer *Morphia, Chloral hydrate*, or some other sedative, and afterward prescribe large doses of *Quinine* and stimulants, before he has studied the minor symptoms in a case, or examined carefully the patient's family and personal history. I claim that the increasing consumption of *Opium, Chloral hydrate, Hashish*, alcohol, tobacco, tea, and coffee is due directly to the old school doctor, whose practice has daily taught the use of anodynes for centuries. The routine practice of the so-called regular physician of to-day injures by example and precept the public health to an alarming degree. The officinal and magisterial preparations of the chemists fill the shelves of the apothecaries, and, by order of the "regular" physician, are daily handed out in maximum doses to suffering and ignorant people, who succumb under their power. Enterprising chemists are continually inventing *new mixtures* and pushing them before the notice of practitioners by sending free samples to them. A mixture is used for a time until another

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"elegant preparation" is brought forward, which is accepted and used by the bland Esculapius in his ceaseless round of experimentation. Therapeutics, according to this plan, is made an easy and popular method of treating the sick, even though it be unscientific and unsuccessful.

Druggists presume upon their meagre knowledge of medicine gained by handling drugs and compounding the same prescriptions from day to day, and, on the application of ignorant people, undertake to prescribe as *sub-physicians* for every ailment which human flesh is heir to. From the uncertainty of this "shot-gun practice," great harm is done in the majority of cases, and to the troubles the patient complains of may be added those of *drug poisoning*. The skillful physician who afterward treats such cases must give antidotes until he ascertains the original cause of suffering. People are dying every day from unknown causes, and both physicians and ministers, called in at the last hour, are unable to give true diagnoses. The former may assign a vague reason in a given case for the untimely decease, based upon experience and general reading, and the latter may console the friends by the reflection that death occurred by order of Providence. Yet the mystery remains.

The sale of *patent medicines* makes up at least fifty per cent. of the business and profit of every drug store, and competent authorities state that "more secret remedies are prepared, sold and consumed in the United States than in any other country." The baneful effects of this indiscriminate use of drugs is not understood properly, and it is hard to teach the public that cures are very seldom made by "patent medicines," and where one is benefited by them, a thousand are permanently injured; that there is not a disease known which they are not recommended to cure, their efficacy being based often on the temporary or imaginary relief afforded in certain cases; and that pain is only a sentinel to warn us against the approach of disease, and when the disease has invaded the system, to keep us informed of its advancement, and is not to be mistaken for the disease itself and silenced by a powerful narcotic. The common people are unable to distinguish betweem *symptoms* of a disease and the disease itself, and do not realize that a drug which has produced a good effect in one case may be entirely unadapted to another case. In compounding "patent medicines" the most energetic agents are used in quantities which would astonish even an allopathic physician. Such powerful anodynes, stimulants, cathartics, and diuretics as are found in secret medicines produce quickly decided effects, and for this reason "patent medicines" are popular and salable. The great harm done the public by the use of these mixtures no one can estimate, for the worst effects may not be manifest at once, but the evil habit of resorting to them in every sickness, before the physician is called, has been formed, and mental and moral ruin and death will ultimately be the result. If United States law should compel the publication of the formulas of "patent medicines," much would be done towards averting the dreadful calamity already upon us.

So far I have spoken of the relations of "regular" doctors, druggists, and nostrums to the public health, taking into consideration more especially the *quantity* and not the *quality* of medicine dispensed. A great deal has been written on the adulteration, sophistication, and substitution of drugs, but still the pharmacists carry on the evil practice with great profit; and the inspection of drugs, with a view to a standard of quality, is intentionally or otherwise neglected. The homœopathists have always refused to patronize the ordinary drug stores, for the reason that the tinctures or powders obtained there cannot be relied upon for purity; therefore they deal with regular homœopathic pharmacies which they know to be responsible. The entire business of these pharmacies is dependent upon the good opinion of homœopathic physicians concerning the purity and reliability of their drugs and attenuations. The homœopathic pharmacy is not a place where "patent medicines," perfumeries, highly-scented soaps, paints, oils, window glass, soda water, etc., are sold. It is rather a place devoted exclusively to the inspection, preparation, and attenuation of pure drugs and the filling of prescriptions according to the most scientific method. The most intelligent people in every community are now looking to the homœopathic profession and pharmacies to bring about an entire revolution in medicine. The medical millennium is approaching. Old school empiricism and ihtolerance are being bound and the truths first proclaimed by Hahnemann are fast becoming triumphant throughout the world. Already the fact that very few pure drugs can be obtained from the ordinary druggist has become known outside of the homœopathic profession, and *many old school doctors who deride homœopathy, buy homœopathic medicines for their own use.* It is only within the last two years that old school organizations have begun to inquire seriously into adulterations, substitutions and deteriorations of drugs, and the United States Government has never paid any attention to this subject until recently. The National Board of Health has made an extended report within the last year. In the table showing "the principal inferiorities, such as adulterations, substitutions and deteriorations of drugs, recorded in the current literature of the United States during the past twenty-five or thirty years, but more particularly during the last ten years," 154 drugs, consisting of barks, herbs, leaves, flowers, roots, exudation products, fixed oils, volatile oils and miscellaneous drugs are given. To enumerate the different adulterations, or substitutions, or deteriorations which have been, are now, and probably will be in the market, would be an exceedingly tedious task. In the same report above referred to, under the head of "Causes of Inferiorities in Drugs and Chemicals as given in acknowledged standards of pharmacy and medicine," 212 drugs are named, and the impurities, deteriorations, adulterations and substitutions are given. I will name a few of the inferiorities which a competent pharmacist can find almost any time, as follows: *Hyoscyamus* leaves substituted by leaves of other species of *Hyoscyamus* and sometimes containing bay leaves and branches from unknown plants. *Calendula flowers* adulterated with florets of *Tagetes erecta, T. Patula. Aconite root* mouldy, tasteless, exhausted and redried, adulterated with other species of *Aconite* and the root of *Imperatoria ostruthium. Belladonna root* substituted by malvaceous roots. *Acetic acid* made from inferior and filthy material and adulterated by mineral and other acids. *Hydrocyanic* acid adulterated by sulphuric and hydrochloric acids. *Æther* impure and deficient in strength substituted for stronger *æther. Antimonii et potass. tart.*, containing tin, lead, copper, arsenic, chlorides, and sulphates, from careless manufacture and often adulterated by *Bitartrate* of *Potassium. Valerianate* of *Ammonium* adulterated by fixed alkalies, sulphate, phosphate, chloride and acetate of ammonium. *Arnica flowers* mixed with other yellow composite flowers, and *Arnica root* mixed or entirely substituted with that of *Genum urbanum* and other composite plants. *Cantharis* adulterated with euphorbium, rendered weighty with fixed oils, and admixed with other insects. Muriatic acid crudely manufactured and often so inferior as to be unfit for use. Impure *Chloroform* sold for pure. *Cinchona* adulterated by inferior barks and enriched with *Chinoidine. Conium* deteriorated by age and exposure and the leaves of *Aethusa Cynapium, Anthriscus sylvestris* and different species of *Chræophyllum* substituted. *Copaiba* adulterated by fixed oils, turpentine, resin, volatile oils and gurjun balsam. *Cresylic acid* from coal tar, adulterated with *Guaiacol.*, carbolic acid, tar oil and fixed oils, largely used for true *Beech Tar Creosote. Crocus* adulterated by fixed oil, sulphate of baryta, chalk and honey. *Cubeba*, admixed with *Cubeba canina, Piper nigrum, Myrtus pimenta* and fruits of *Rhamnus Catharticus. Digitalis* leaves admixed with leaves of *Digitalis ochroleuca, Verbascum, Conyza squarrosa, symphytum officinale*

and *Inula helenium*. *Ergot* substituted by ergot of barley, oats, etc. *Ipecacuanha* substituted by other South American emetic roots. *Lycopodium* substituted by pine pollen and often adulterated with sporules of allied species of *lycopodium, talc, gypsum*, resin, dextrin, starch, and sulphur. *Moschus* adulterated and substituted by foreign substances flavored. *Quinia* salts substituted by cheaper alkaloids of *Cinchona*. *Spigelia* substituted by roots of *Phlox Carolina*. And so on until every drug for which there is any use, has been found adulterated or counterfeited. Profs. Stille and Maisch regarded the inferiorities in drugs and chemicals as being general, and in their late work—"The National Dispensatory"—they gave, under the head of each drug respectively, the adulterations or substitutions or deteriorations found in commerce every day. Boston wholesale and retail druggists say that it is impossible to make a living by the sale of honest goods. *Pure drugs* are very expensive and there is a constant demand for cheap drugs. Pharmaceutists are meeting the demand with *inferior goods*, and the druggists buy them because they are cheap. Perhaps the druggist does not design to *injure the public health*, or to practice fraud, but is making a desperate effort to make money, without stopping to inquire into the quality of the medicines he dispenses. He may not be guilty of a malicious intention when competition in business obliges him to be energetic and economical. It should not be forgotten that among dealers in drugs and medicines, those who have qualified themselves by a systematic course of study, are rarely found. About ninety-nine per cent. of them enter upon their business solely as tradesmen and with no other motive than to make money. *Ignorance* forms a large per cent. of every druggist's *stock in trade*, and the average drug handler is unable to tell the difference between a genuine drug and its inferiority or a total counterfeit. When he fills a prescription of half a dozen ingredients, he cannot truthfully state that he has put in the exact number and amount, or a dozen other drugs not named, and neither he nor the physician who wrote the prescription, can prognosticate what the effect will be upon the patient. Of course the effect will be different from that intended by the prescriber, and one large prescription after another follows in quick succession. The patient dies, not from the disease, but from *overdosing* and *adulterated medicine*. Only the undertaker is happy. The "regular" doctor complains that the druggist and the undertaker make all the money, and presently he will carry his own medicine obtained from a homœopathic pharmacy, like his homœopathic brother. Then the numerous red, blue, and green lights displayed by corner druggists will disappear forever, the death rate will grow less and the undertaker's business will be not so extravagantly remunerative.

Dr. Field, who has practiced old school medicine for fifty years said, at the late meeting of the Allopathic Medical Society of the 3d Congressional District of Indiana:

"In the treatment of important diseases prescriptions are changed too often, frequently as often as the doctor makes a visit to his patient, proving that he either does not understand the disease, or that he has no faith in the medicines prescribed. In cities where drug stores are convenient there is great extravagance in the use of medicine. After the close of a case of severe sickness, it is not unusual to find the mantelpiece covered with pill-boxes, powders, vials and other *débris* of the wonderful skill of the attending physician. Many of the vials are but little depleted of their contents, and so of the pill-boxes and powders. There are enough left to cure several cases more of the same disease. This waste of medicine is, however, no loss to the doctor. In cases where prescriptions have been numerous it is possible that the unfortunate patients gets well in spite of the doctor.

"Many years of experience will teach some physicians economy in the use of drugs. That one good prescription, if adapted to the case, if fairly tried, will generally accomplish all that nature requires to aid her in overcoming the disease.

"The manufacturing chemists have been very busy contributing to the welfare of suffering humanity, their own welfare included. Every living thing in nature, even to the stomachs and intestines of filthy swine, have been laid under requisition for means to save the world from an untimely grave. The name of these new remedies is legion. Like the locusts of the Orient, they darken the very air. They come to us in swarms; in the form of alkaloids, resinoids, globules, granules, lozenges, elixirs, fluid extracts, sugar-coated pills, medicated meat, malt, and a multitude of compounds and combinations too tedious to mention—all nicely decorated with fancy covers, accompanied with certificates of extraordinary virtues. With all these vast resources of the healing art, nobody ought to die except from old age or accident. But still some few die in spite of these new remedies. It may be owing to delay in sending for the doctor, or to the tardiness of the prescription business. Now and then one dies before the prescription can reach him."

I desire to call attention to the fact that old druggists advertise that they keep new and pure drugs while seventy-five per cent. or more of their stock in trade is what they first started into business with years ago, and the drugs have deteriorated by age. Druggists pretend to keep wines many years old, brought directly from the vineyards of sunny France, or some other foreign country, the fact being that all their wines and whiskies were obtained not far from home, and are not what they are represented to be. *Cheap* whiskies, wines, brandies, etc., are kept by most druggists, and are made from third or fourth proof spirit by adding various artificial ethers, essential oils, tinctures and essences, to give flavor. Burnt sugar or caramel is added to give color, a small proportion of syrup improves the taste, and water is used to decrease alcoholic strength. Cocculus indicus, tobacco and aloes are used in beer and ale. Physicians of the old school often express their want of confidence in the action of remedies, and they are accustomed to write prescriptions with many ingredients, on the theory that one of a dozen drugs will certainly hit and cure a case. It is not uncommon to find in these long prescriptions antagonists and incompatibles. One substance refuses to unite with another in solution, without chemical change, and the formation of an entirely different substance from either, or one agent antidotes the other, and the result is *nil*.

Acids, acidulous salts and metallic salts will antagonize *Alkalies*. *Alkaloids of Belladonna, Stramonium* and *Hyoscyamus* are decomposed by *Caustic alkalies*. *Carbonate of Ammonium* is incompatible with vegetable and mineral acids, lime water, earthy salts and acidulous salts. *Acetate of Ammonium* is incompatible with acids, potash, soda and their carbonates. *Benzoate of Ammonium* is incompatible with liquor potassæ, acids, and persalts of iron. *Muriate of Ammonium* is incompatible with alkalies, alkaline earths and their carbonates and lead and silver salts. *Sulphurous* and *Sulphuric acids* decompose sulphites and hyposulphites.

Iodine is incompatible with vegetable alkaloids, metallic salts and mineral acids. *Corrosive sublimate* is incompatible with *Tartar emetic, Nitrate of Silver, Acetate of Lead, Iodide of Potassium* and alkalies and their carbonates.

Alum is chemically incompatible with alkalies and their carbonates, and *Acetate of Lead*. *Blood root* is in compatible with alkalies, tannic and gallic acids, and most of the metallic salts. *Nux vomica* is incompatible with *Conium, Tobacco, Opium, Belladonna* and *Physostigma* and is antagonized by *Chloral, Tobacco, Bromide of Potassium, Ether* and *Chloroform*.

Digitalis is incompatible with *Cinchona, Acetate of Lead, Sulphate and Tincture of the Chloride of Iron*. *Quinine, Digitalis* and *Ergot* antagonize the action of *Valerian*. *Opium* is antagonized by alkaline carbonates, lime water and the salts of iron, lead, copper, zinc, mercury

and Fowler's Solution. *Bromides* are incompatible with acids, and acidulous and metallic salts. *Conium* is incompatible with caustic alkalies and tannic acid, and is antagonized by *Nux vomica* and its alkaloids. *Jaborandi* is incompatible with caustic alkalies, the persalts of iron, and salts of metals generally, and is antagonized by *Belladonna*.

Enough of the incompatibles and antagonists are here given from Bartholow to show how careful a physician who writes *long prescriptions* must be to combine synergetic remedies. Chomel said, "It is only the second law in therapeutics to do good, the first being not to do harm." But *few* physicians of the old persuasion make this Golden Rule the *guiding principle* in their faith and practice. To prove how frequently doctors make mistakes and write incompatibles and antagonists together, one should obtain permission to *examine the list of canceled prescriptions in any old drug store*. The frightful revelations there made will convince the scientific physician that *drugs are oftener the means of death than of life*. The collusion of physicians and druggists in the practice of "beating" patients by over charges for medicines under prescriptions and other alleged tricks of the profession only needs to be named to be condemned. I believe that drugs injuriously affect the public health, not only through everything the people use as medicine, but the physical degeneration of the human race is helped on to a considerable degree by the general practice of drugging almost every article of diet and everything used for the comfort of our bodies.

The poisonous adulteration of food and the intermixture of injurious compounds with the essentials of life is being carried to such an extent that interference is called for, and a thorough investigation should be made. The European governments have long exercised restrictive measures. The German government, in 1878, had 231,478 samples of different articles analyzed and obtained 3,352 convictions; and in 1879 Great Britain analyzed 16,772 samples and 2,978 adulterations were found; while the British Parliament passed a law about four years ago for the inspection of all teas, and those adulterated to be destroyed; 7,000 chests were burned last year in British India. *Prussian Blue, Prussic acid* and *Chromate of lead* are used to adulterate teas. Coffee is adulterated by lamp black, Chromate of lead, logwood, mahogany, roasted acorns, baked liver and numerous other articles.

Since stringent measures have been adopted in England, adulterated teas have been largely shipped to this country, where they can be disposed of without molestation. The French government has taken measures to stop the sale of toys which are colored with poisonous substances, and which have been declared dangerous to the health of children, and have recently passed a decree prohibiting the sale of all eatables from "soldered cans." Tin and lead are found in poisonous quantities in a great variety of canned vegetables, fruits and meats. Seven-eights of all the sugar sold in Chicago is glucose made from corn starch and oil of vitriol. Sugars are full of acids; chloride of tin and chloride of calcium —active poisons—are frequently found in them. Syrups are made largely from glucose, and chlorides of tin; calcium, iron and magnesia have been found in them in poisonous quantities.

The cream of tartar in commerce is adulterated by *Terra alba*—white clay powdered—to the extent of seventy-five per cent. Stomach ailments, such as heartburn, dyspepsia and indigestion, and kidney complaints result from such foreign substances in food. *Terra alba*, copper, chromate of lead, red lead, vermillion, prussian blue, arsenic and glucose are used in confectionery; alum and sulphate of copper may be found in bread; baking powders contain Kaolin, plaster of paris, whiting, terra alba and alum; cheese is vitiated by potatoes, beans, oleomargarine, vermillion, red chalk, sulphate of copper, *Arsenic* and *Corrosive sublimate*; quicklime, boiled starch and alum have been detected in lard; *Sulphuric acid, Verdigris* and *Sugar of lead* have been discovered in pickles; vinegar is rarely found pure and is often adulterated by *Sulphuric acid, Arsenic and Corrosive sublimate;* and milk is rendered impure by a variety of articles. About 90 per cent. of all the milk sold in Boston has been found to be adulterated. Bad water obtained from barn-yards and dangerous sources is largely used to dilute milk. *Analine* colors in fruit, jellies, preserves, sausage and wine are intended to deceive the public, and to render salable inferior goods.

We import annually nearly three million pounds of *Arsenic*—2,800 human beings can be fatally poisoned by a single pound. What becomes of this large supply of *Arsenic?* Mr. Angell says, "It is used in wall-papers, paper curtains, lamp shades, boxes, wrapping papers for confectionery, tickets, cards, children's kindergarten papers, artificial flowers, dried grasses, eye shades, and numerous other articles. One chemist finds eight grains of *Arsenic* to each square foot of a dress; another ten grains of *Arsenic* in a single artificial flower. Among the articles frequently made dangerous by this or other poisons may be named ladies' dress goods, veils, sewing silks, threads, stockings, gentlemen's underclothing, socks, gloves, hat-linings, linings of boots and shoes, paper collars, babies' carriages, colored enamel cloths, children's toys, various fabrics of wool, silk, cotton, and leather in various colors."

Prof. Lattimore says, "We now wear *Arsenic* in our apparel, eat it in sweetmeats, drink it in syrup, and write with it as ink."

I am credibly informed by merchants and chemists that the above representations concerning the poisoning of everything we handle, taste or wear, are facts which can be verified at any time by a thorough examination. Dishonest chemists are employed by manufacturers to convince the public that glucose and oleomargarine are harmless substances. Thousands of dollars are paid to prominent chemists every year to sanction the adulteration of food and medicine. There *seems* to be no moral or legal restraint to the reprehensible practice of manufacturing, buying and selling adulterated goods to the great injury of the public health.

Money is uppermost in the minds of men and "the spirit of murder lurks in the very means of life."

We boast of our churches and educational institutions, but we fail to influence men to practice the golden rule, and to stand firmly on the rock of solid honesty. We send missionaries to teach the heathen, while we have, in every community and at our own doors, those who are lost to all sense of right living. Having before us such an astonishing revelation of fraud in the essentials of life, can we wonder that infant mortality is so great, that there are so many invalids in this country, and that so very few people live three-score years and ten? It will soon be impossible to put upon our tables any article of food purchased from the stores that will not contain some harmful substance, or active poison; injurious and poisonous compounds will continue to be used in food substances, and in the manufacture of wearing apparel, drugs, liquors, wall papers, and many other articles, until the Legislatures of the States and Congress take hold of the subject as has been done with great success in Great Britain, France and Germany.

SYNTHESIS OF ATROPIC ACID.—In our volume for 1879, p 231, will be found a record of the successful synthesis of atropine from its products of decomposition, viz.: *Atropic acid* and tropine. It was only required now to find a method of producing both of these latter bodies artificially. On page 2,041 of the *Berichte der Deutsch Chem. Ges.*, (issued Nov. 22, 1880) the successful synthesis of atropic acid is now announced. It now only remains for Prof. Ladenburg to succeed in accomplishing the synthesis of tropine, and, so far as we know, there is a good prospect of his success. *New Remedies, March*, 1881.

THE "WANDERING CELL" OF INFLAMMATION.

By J. G. Gilchrist, M. D., of Detroit.

Some studies in which I have lately been engaged, on the pathology of inflammation and related morbid action, has led me to some different conclusions, from most of our writers on Surgical Pathology, particularly with reference to the mode of escape of the white blood corpuscle from the vessels. This particular topic is not introduced at this time because it includes all that is in debate in the literature of inflammation, nor that the process is any more essential nor more imperfectly understood than the generation of heat, or many other important factors. The fact that these conclusions are believed to be, to some extent, entirely original, and differ in many essential features from any with which I am acquainted, has prompted the preparation of the communication, hoping sincerely that the positions taken may be criticised as thoroughly as their importance and significance may be thought to deserve.

I shall assume that the other conditions of inflammation are well understood by the profession, although the contrary is the case to a large extent, except among those who are familiar with surgical literature and the progress of the day in that science. Were it not that quite recently a college "Professor" had not heard of a leucocyte, and supposed they were "some little animal of Beales'," I would be willing to assume knowledge, also, of the origin and destiny of the lymphoid corpuscle, on the part of practitioners everywhere. It will assist, therefore, in making clear the full meaning of what I shall have to say, to glance briefly, at the nature, origin, and function of the colorless corpuscle of the blood, more particularly as it is related to the process of inflammation.

Among the lower orders of organic life, the infusorio and animalculæ, is a body of the simplest construction, unprovided with organs, except that it is an isolated organ itself, with no claims to the distinction further than that it has an inherent principle of life, is nourished and grows by appropriation of nutriment taken into its substance, and properly digested, and is capable of locomotion although not possessing locomotory organs. Viewed under the microscope, these creatures are seen to undergo a constant change of form, the change being an accompaniment and means of locomotion. Portions of the mass are thrown out, in the form of legs (pseudopod, or "false feet,") and the body is seen to glide into them, the distance travelled being the length to which the pseudo-pod is projected. This constant change in form has given them the name of Amœba, from the Greek, meaning to "change." As far as my knowledge goes, the amœba in a free state, lives and dies an amœba; he does not pass into other forms of life; at the same time, it is believed, that all organic life of a higher, that is a more complex type, is little more than a collection of, at least, *similar* organisms.

Upon examining a specimen of fresh blood, or the circulation of the blood in the wing of a bat, or web of a frog's foot, we find among other constituents, two bodies that have a peculiar relation to the continuance of life, the red and the white blood-corpuscle. The former are disc-shaped; the latter, in a state of quiescence, irregularly spherical, and rather translucent than white. The relative number of white cells, as compared with the red, varies from one of the former to two or three hundred of the latter, being more abundant during the process of digestion, or inflammation, than under other circumstances. The difference in size is also somewhat considerable; the white measuring in diameter, about $\frac{1}{1000}$ of an inch in mass; the red about $\frac{1}{3200}$. The function of the two corpuscles is widely different. The red cell is a simple carrier of oxygen, and has no histogenetic properties, in all probability, beyond this. The white cell has a double purpose: first to stimulate growth and reduplication in formed cells, under certain conditions; and second, to form new tissue, for purposes of repair, by segmentation of itself, precisely as all tissue is made. The stimulus it carries does not probably originate in itself, and yet we have no proof to the contrary.

As to the origin of the red cell, as well as its destiny, we have, at present, no concern or curiosity. The white cell, otherwise called a bioplast, leucocyte, lymphoid corpuscle, and other names by different writers, is born in the blood glands and lymphatics. It passes through the lymphatic circulation to the heart, and enters the lungs, through the pulmonary artery, an inert, lifeless, mass of protoplasm. It leaves the lungs, in the pulmonary veins, *a living being*; a leucocyte; an amœba. Under favorable conditions of warmth and moisture, it is capable of maintaining its life outside of the body in which it is born, and of which it is an essential element. Now in a state of quiescence, as a simple element of growth and repair, we have no further interest in the leucocyte. When inflammation occurs, it possesses peculiar interest for the surgeon, and this brings us at last to the point at issue.

Upon examining the circulation of an inflamed part, as the web of a frog's foot, we find, after the primary contraction always following upon peripheral irritation, an unusual dilatation of the vessels, with a greatly increased rapidity in the current of the blood. Soon the current slackens somewhat, ultimately becoming arrested, in the stage of stasis. We observe the red cells rushing along with a velocity defying definition, looking like a red thread; moving along on the margins of this current, we observe a gradually increasing number of leucocytes, not carried with the stream, but moving at their own "sweet will," apparently; stopping now and then, and again moving on, until finally a number will congregate at a certain point, and become stationary. Soon a little projection on the outside of the vessel will be observed, gradually extending in a fine point into the tissues, and we see the pseudo-pod of our amœba thrust out, *apparently* through the wall of the vessel, and soon his body glides into it, and he is on the outside of the vessel; said to be "free," "wandering," or "extra-vascular." Now the vital question is, how has this liberation been accomplished?

One writer will say, he passes out through minute openings in the vessels, stigmata, or stommata. This I will attempt to show cannot be, as I think I have testimony that these openings are not what they are popularly supposed to be. Others, prominently Billroth, state the vessels become softened, under inflammatory action, and the walls are protoplasmic, permitting the transit without traumatism. This cannot be, as the only spot softened would seem to be that at which the leucocyte has made his escape. Still another says, that there is a dissolution of a "cement," the *existence* of which remains to be proved, and the leucocyte escapes through a rent. This would make the condition traumatic, and we would have extravasation of blood, which really does not occur. We find still another, who supposes the escape is made by absorption, or necrosis, of the spot to which the leucocyte is attached, even that he eats his way out. This also would be traumatic, and is untenable. Now as incapable of full proof, and so far purely hypothetical, (not inferior, in that respect, to the above), I suggest the following as an explanation. The facts will be found, it is true, in any text-book on physiology; the tests can be made by anyone having sufficient curiosity. The deductions from the admitted facts are all that can be properly considered possibly hypothetical.

We have long been taught that the blood passes through the arterial capillaries to the venous radicals, and thence to the veins. The capillaries have been differently described as vessels, and channels in the tissues, with homogeneous protoplasmic walls, through which the blood passes, or rather the nutrient elements by osmosis. The blood cannot be sent into a part and allowed to remain there; it must be removed again, and taken in the veins to the heart and lungs for revivification. If the capillaries and venous radicals are the

only passages for the blood, they must possess the decidedly anomalous property of permitting *both* exosmosis and endosmosis at the same time. It would seem, therefore, that there must be something more than has hitherto been demonstrated, to account for the ultimate process of circulation.

For a long time we were also taught, that certain tissues of the body were non-vascular, and that the capillaries terminated in loops on the periphery, not penetrating the substance of the tissue; the cornea of the eye and cartilage were supposed to be of this character. So, also, the ultimate circulation in bone was supposed to be the canaliculi from the lacunæ in each Haversian system. The error in all these teachings lies in this absurdity; the ultimate vessel either terminated in the tissue in which it was found, with no return channels for the veins, or the plasma being thrown out by exosmosis at one point, must be taken up by endosmosis at another, each process by the same vessel, in the same tissue, whether giving or receiving depending upon the necessities of the case at the time. In the study of inflammation, however, it was soon found that a slight degree of vascular tension caused new vessels to appear; the number of new vessels depending entirely upon the degree of intra-vascular pressure. The vessels are not newly formed; they were always present, *but in a normal condition of tension they did not carry red blood.* What then did they carry? The plasma or nutrient portions of the fluid. The red cells carry their oxygen to the end of the capillary circulation, the plasma then passing into the tissues through these minute vessels, intermediate between the arterial capillaries and the veins. A point is soon reached when the vessels will not endure further tension, and, giving way, extravasation occurs, terminating the development of "new" vessels. No one can pretend to say that the limit has been reached when this occurs, because, as far as we have got there is no provision found for the re-entrance of this plasma into the veins. The minute vessels terminate in the tissues.

Experiment soon showed, that the cornea, when inflamed artificially, had vessels, carrying red blood, running into the centre, the number increasing as the tension increased. Towards the centre, the tissue became cloudy, and no new vessels could be demonstrated. These vessels always existed, but before they were dilated, by the pressure of the blood, were too minute to admit the red corpuscles. As the inflammation subsides some of the corpuscles find themselves imprisoned in these minute vessels, and produce staining or pigmentation of the part Towards the centre, when the tissue is cloudy, the dilatation of the vessels never reaches a point that admits red blood, but they are over filled with plasma. Hence it was soon demonstrated, that there were canals or passages *between the cells* of the cornea, and were called "lymph spaces," or canaliculi. These spaces to the capillaries, are what the latter are to the arteries, and terminate in the venous radicals.

Further investigation shows, that the canaliculi of the lacunæ in bone, are not simply straight canals, terminating in the tissue, but are only primary branches for innumerable smaller offshoots, which divide and subdivide, until they pass between each permanent cell in the bone, and from lymph spaces precisely as in the case of the cornea. So also with the cartilage.

Finally, the so-called stigmata, I think I have demonstrated, to be simple mouths of the lymph spaces. A glance at the figure will show that when a branch of a vessel is given off, the inlet is funnel-shaped, the branch itself rapidly narrowing to much less than the diameter of the parent tube. As long as the subdivisions of the vessel carry *red* blood, these openings are correctly interpreted; as soon as they become too small for this purpose, they are erroneously supposed to be stigmata. I am the more inclined to this opinion, because COHNHEIM, BILLROTH, VIRCHOW, and others, say that under extreme tension red cells are forced out through these "stigmata," and remain in the tissues, after the subsidence of the inflammation.

To sum up the whole matter in a few words, I believe that lymph spaces exist all over the body, in the soft parts as well as in the more dense. That the lymph spaces are inter-cellular. That wherever two cells are together there is a passage for lymph between them. That the blood-plasma is thus brought into direct relation with every cell in the body. That when the leucocyte is said to be "free," it is moving through the lymph-spaces, passing out of the larger vessels through existing openings, and moving about in channels with defined walls and boundaries. A single example will suffice to show the reasonable presumption there is for this belief.

The cornea being highly inflamed, will appear, on the periphery, a uniform red. With high power objectives, it will be seen that the red is easily resolved into a multitude of fine red vessels, ramifying in every direction, and enclosing spaces of quite a regular form, giving a reticulated appearance to the whole. These spaces, I deem to be the corneal cells; the red lines, the lymph spaces filled with red blood, under extraordinary intra-vascular tension.

AMPUTATION OF THE RECTUM.

BY H. I. OSTROM, M. D., NEW YORK.

Before deciding upon an operation, the anatomical possibilities, and the result of experience, should be carefully considered. These do not of necessity agree, because the recuperative power of nature and the accommodation of the system to anatomical changes cannot always be predicted; nor, cases being dissimilar, is it possible to say what will be the result of interference in a given case, judging from statistics. Therefore, each case must stand alone, and be treated according to the individual necessities which it presents. To no class of cases is this more applicable than to diseases of the rectum; for, while there are certain anatomical regions to be avoided, the dangers incident upon overstepping the boundary of experience may sink into insignificance, when compared with the possibility of saving or prolonging life by removing from the system the product of a disease, which product may prove its own infection.

Amputation of the rectum is attended with difficulties, and danger to life, judged by the examination which has been proposed for all operations. Anatomically, it is practicable within certain limits; that is to say, within three inches of the anus posteriorly, and two inches, anteriorly; higher than this, the rectum cannot be amputated without entering the peritoneum, and from opening the peritoneum arises the chief danger of the operation; therefore, if the disease—which is frequently a cancer—extends more than three inches above the lower end of the rectum, experience proves that the operation should not be performed. But I shall be able to detail a case in which I removed five inches of the rectum, and consequently opened the peritoneum, which resulted in all that was expected—prolongation of life in comparative ease for over nine months; and another case, where an operation was not allowed, in which the disease proved fatal in four months from its recognition.

The results of amputation of the rectum have not been encouraging, death resulting from peritonitis, pelvic cellulitis, septicæmia, hæmorrhage, and erysipelas; but some of these sequelæ may be avoided. The hæmorrhage could be controlled by compression of the abdominal aorta; the peritoneal inflammation and septicæmia

prevented by the introduction of sufficient drainage, and the free use of some agent which either controls suppuration or prevents the introduction and growth of micro-organisms.

I have lately used *Boracic acid*, either as a powder or in solution, in preference to any other disinfectant, with very excellent results. It is odorless, easy of application, and does not irritate the hands of the operator or skin of the patient. To those who are not familiar with *Boracic acid* as a disinfectant, I would warmly urge its use. I have also used Platt's Chlorides and Girondin with gratifying results; but unless there is a very offensive discharge I prefer *Boracic acid*.

In cancer of the rectum, the operations between which to choose are, an artificial anus, and amputation of the bowel. In favor of the former, it may said that it is attended with less danger to life; but, on the other hand, is followed by discomfort to the patient, because of the resulting inability to control the fæces, and does not in any way prolong life; for while the operation removes functional irritation from the diseased parts, it does not remove the diseased tissue. I apprehend that much, if not all, of the advantage which results from operating on cancer, lies in taking out of the body the heterogeneous mass which has already formed, and thus causing a pause in the formative process. The impetus to cell development may in that way be arrested; for the system requires a certain length of time to reach that condition which precedes the growth of the removed mass, and during that period the excessive nutritive drain upon the system which the growth makes for its support is not present, and hence the patient's strength increases.

I trust I shall be excused for diverging slightly from the main subject of this paper, but I am more and more inclined to believe that malignant growths are incompatible with health; not alone because of a pecular poison which they may generate and diffuse through the system, but because, and principally I believe, of the demand which they make for support. It is a truth in nature, to which I know no exception, that the abnormal draws upon the vitality of the normal; indeed, the growth exists by appropriating more of a certain, but not determined, element than is naturally supplied, this excess must be furnished at the expense of the general nutrition, and hence the entire system suffers.

One of the most frequent objections urged against amputation of the rectum is, that the operation may be followed by incontinence of fæces, but this objection is based upon theory, not fact; for, while it seems probable that the anal sphincters control the alvine evacuations, a careful study of the physiology of defecation, shows this to be true only in a limited degree; for the peculiar formation of the rectum, the looseness of the mucous membrane—which, until the urging to evacuate is felt lies in folds, the rectal walls being approximated— the circular fibres of the rectum will aid in preventing the downward movement of the fæcal mass; and while the external and internal sphincter muscles assist in the act of defecation, this is probably limited to retaining the fæces in the rectum and lower colon after they have passed the sigmoid pouch. But this is near the final expulsive act, and when incompletely performed cannot be said to cause incontinence of fæces. The function is under the control of the will until the fæces have passed the sigmoid flexure, but after that, the sphincter muscles having been removed, the act becomes almost involuntary. It will be noticed, however, that the call to defecate is more sudden and imperative after the sphincters have been removed.

From the cases of cancer of the rectum that have come under my observation, I have selected two to illustrate different phases of the disease, and the results of interference and non-interference. Both cases were of the scirrhous variety, both occurred in men, and both ultimately proved fatal. This issue I am led to believe was, in both cases, the encroachment of the disease upon vital organs.

Case No. I. is that of a man 68 years old. When he came under treatment the lower five inches of the rectum were occupied by a scirrhous mass, and the disease extended externally so as almost to fill the entire ischio-rectal space. An operation was decided upon, because the continued and excessive pain was reducing the patient, and promised to rapidly prove fatal. I performed Volkman's operation, with some necessary modifications, removing five inches of the rectum, with the anus and involved tissues. The mass removed measured five inches in length, and between three and four in diameter. This was almost solid, the rectum being reduced to a tortuous canal, through which a small bougie could scarcely be passed. The peritoneum was opened during the operation, and into the opening was inserted four strands of carbolized cat-gut. The remaining portion of the rectum was found to be so much diseased, that it was not considered safe to draw it down and secure it to the margin of the external opening. The hæmorrhage was profuse, and the vessels so much degenerated that ligature could not be applied. The actual cautery was therefore used, and the cavity packed with lint, saturated with the Persulphate of Iron. The shock was very great; but the patient, who was of strong constitution, rallied in twelve hours, and subsequently gained sufficient strength to take quite long rides. The dressing, after the packing was removed on the third day, consisted of *Calendula*. To avoid irritation from the passage of fæces until the parts should be healed, I introduced into the rectum a semi-flexible rubber tube, seven inches long. Through this the evacuations took place, control being limited to the period of defecation when the fæces were in the sigmond flexure. The drainage tubes came away on the eighth day, and at no time were there symptoms of peritonitis, save a rise in temperature to 102° on the third day. This patient lived in ease over nine months after the operation, but the disease spread to the stomach and liver, and ultimately brought about a fatal issue.

The cancer in case No. II. followed, or depended upon rectal fistulæ, which I operated upon five years before the graver disease made its appearance. The internal opening of the fistulæ never healed, and during five or six years continued to discharge large quantities of pus. The operation for the cure of fistulæ was not repeated, because of the weak state of the patient, and his wishes, which greatly opposed another operation.

In this case, the cancerous growth did not entirely encircle the rectum, but was confined to the seat of the internal opening of the fistulæ. It was of the scirrhous variety, exceedingly sensitive and painful, but well situated for removal; but, while the advantages of an operation were recognized, and the impossibility of recovery without an operation, the gentleman preferred to let the disease run a natural course.

He died from extension of the disease to the pelvic viscera, four months after the first intimation that such a condition existed. It may be said that this case would have been fatal if an operation had been performed. This, I think, cannot be gainsayed; but I believe that life would have been prolonged, with a slight possibility of cure, if the cancerous mass had been removed upon its first recognition.

A Vegetable Pepsin.—Bouchert and Wurtz examined the juice of figs and found it an excellent digestive fluid, similar to animal pepsin. Five grmm. juice with 60 grmm. water fully digest in a few hours 10 grmm. fibrin, and fibrin may be added, day by day, up to 90 grmm., which are still digested, so that after a month there remains a fluid smelling like beef-tea, free from decomposition and of a pleasant taste. It may be considered just as able to digest albumen. (*Gaz. Med.*, 1880. *N. A. J.*, Feb., 1881.)

CLINIQUE.

MEMORANDA FROM PRACTICE.

By C. Neidhard, M. D., Philadelphia, Pa.

DIPHTHERIA.

For true diphtheria I have still found the *Liquor calcis chlorinatae*, the most efficacious remedy. I may say that I seldom or never lost a case where this remedy was applied from the beginning. In the latter stages neither this remedy nor any other will cure.

When I speak of *Liquor calcis chlorinatae* as the true homœopathic remedy for diphtheria, I do not overlook that individual symptoms and constitutional idiosyncracies often combined with the disease, must be treated according to their particular indications.

The *Chloride of Lime* acts in diphtheria, not merely as an antiseptic, but is the true homœopathic remedy. Thus far no proving of this remedy has been instituted. Few will feel disposed to prove it on account of its disagreeable taste. If health and life is spared to me, I may yet undertake it myself.

CASES CURED BY LIQUOR CALCIS CHLORINATAE.

In the early part of last spring, I had a serious outbreak in my parish of diphtheria. I lost two cases in one day and came near being demoralized. I finally however adopted your views as to therapeutics, using the *Liquor calcis chlorinatae*, and am happy in being able to report to you rather remarkable success. Six ugly cases one after another yielded promptly to its action. I have reported my experience to the New York Medical Club.

Cordially, etc.,

Wm. J. Baner, M. D., New York.

CASE REPORTED BY DR. A. H. ALLEN, OF NEW LONDON, CONN.

Mrs. B., æt. 25, after a sudden cold and getting wet was attacked by a general stiffness and rheumatism, with a good deal of fever. After exhibiting *Aconite* and *Bryonia*, there was not much change in twelve hours. The same remedies were continued for twelve hours longer.

The stiffness was better, but the fever continued. There was now a soreness of the sterno-mastoid, and on examining the throat the fauces were found to have a dark turbid appearance but no membrane. The next 24 hours, *Bell.* 3 and *Protoiodide of Mercury* were prescribed without any relief except slight expectoration of mucus.

On examining the throat now, the diphtheritic membrane was discovered on the arch of the mouth, tonsils and tongue. Pulse still high with great prostration of strength. Ten drops of *Liquor calcis chlorinatae* were dissolved in a half-tumblerful of water, one teaspoonful every half-hour. In twelve more hours he said he was no better, but Dr. Allen thought he could see a little change. The remedy was continued. In two hours he had a strangling spell and coughed up a piece of thick membrane, 2½ inches long and an inch wide, streaked with blood. Considerable quantities of mucus were also ejected. There was still a considerable portion of membrane visible on tonsils and tongue, but the remedy was continued until he was cured, the membrane being gradually ejected. He was for a long time prostrated, but a generous diet brought him around.

Dr. Floto, a physician of large experience, writes to me from San Francisco, that he has treated many cases of diphtheria by the *Chloride of Lime*, with uniform success, with the exception of one case where the disease had attacked the stomach. It was a girl æt. 7, and the parents had given a dose of *Castor Oil*. Dr. F. thinks that even this case might have been saved, if the remedy had been given in time.

MALIGNANT CASE OF DIPHTHERIA AS RELATED TO ME IN A LETTER BY THE LATE DR. J. C. HOWARD

A child at Camden, N. J., complained for three days of sore throat. Dr. H., on examining the throat found two white spots on tonsils and fauces. In 24 hours afterwards the whole of the tonsils and fauces were covered with the diphtheritic membrane, the odor of which was intolerable; complete prostration, constant cough and labored breathing, difficult deglutition. On the third day vomiting set in with hæmorrhages from the throat. On the first and second day, *Nitric acid* and *Merc. iod.* were given. On the third day five drops of *Chlorinated lime* were mixed in half a tumblerful of water, a teaspoonful every half-hour. Improvement commenced the same day, the child expectorating portions of the membrane. On the fifth day the throat was entirely clear of the membrane. The remedy was continued and in three days more the child could be pronounced cured. This case was undoubtedly true diphtheria and the effect of the *Chlorinated lime* was very striking.

In the following two cases I was consulted by Dr. James Kitchen, who was kind enough to furnish me with the annexed statement:

B., boy æt. 5, a true case of malignant diphtheria, having all the attending symptoms. After trying several remedies and the case getting worse I gave 10 grains of the *Chloride of Lime*, dissolved in ¾ tumblerful of water, a teaspoonful every ¼ to ½ hour. The boy was cured in from one to two days.

Miss B., æt. 12, also a true case of malignant diphtheria. After giving several remedies in her case unsuccessfully, I cured her with the *Chloride of Lime* in the same way—that is, 10 grains were mixed in ¾ of a tumblerful of water, of which one teaspoonful was administered every ¼ to ½ hour and less frequently as improvement was perceptible. Three to four tumblerful of the membrane were ejected. This young lady was afterwards paralyzed in her lower extremities from which she did not entirely recover under six months.

In a most malignant case of diphtheria I was also consulted by a prominent homœopathic physician of this city. As another child in the same family some two weeks previously had died, and this case was, according to all accounts quite as severe if not worse than the one which had died, the odds were very much against us in curing it. The *Liquor calcis chlorinatae* from 15 to 20 drops in a half tumblerful of water, a teaspoonful every ¼ hour was faithfully administered day and night. No decided improvement was perceptible until the evening of the second day, when the membrane appeared to be looser and deprived of vitality. In the morning of the third day it had nearly entirely disappeared.

A new and alarming feature showed itself now, in the form of excessive epistaxis. This was checked by *Crotalus hor.* The child recovered entirely without any sequelæ.

DIPHTHERIA IN THE PUDENDA AND VAGINAL MUCOUS MEMBRANE.

Mrs.——, from Cleveland, Ohio, consulted me on the occasion of a visit to her mother in this city. She had suffered from six to eight months from pain, and a discharge from the vagina which she could not account for. On examination I found the whole vagina lined with a thick diphtheritic membrane with redness and bleeding of the surrounding edges, very painful to touch. I ordered an injection of the *Liquor calcis chlorinatae* diluted with water three times a day, and the same remedy in a smaller dose every two hours internally. In less than a week she was entirely cured, to the astonishment of her friends, who suspected a cancer or some other formidable disease. Two children with pudendal diphtheria were also treated by the same means with equal success. The parents could with difficulty be persuaded of the existence of such a disease.

Dr. Martin, Professor of Obstetrics in the University of Berlin, Germany, has written to me that he has frequently discovered the diphtheritic membrane on the pudenda, and Greenhow remarks that, next to the throat, it appears oftener on the vaginal membrane than on any other part of the body.

CAULIFLOWER CANCER.

Mrs. R.——, æt. 26. separated from her husband, consulted me about a disease of the womb. Two eminent surgeons had pronounced it a cauliflower cancer; a homœopathic surgeon consulted in the case was of the same opinion. They all agreed that the only cure would be by an operation. As the lady had great objection to this she afterwards came to me, having heard that I cured several cases of the same kind by internal treatment, which by the way was not entirely true.

On examination by the speculum a cauliflower cancer surrounding the whole external os, could be distinctly observed. She had violent lancinating and shooting pain in the cancer, with discharge of yellow matter with itching and burning and rawness. After the symptoms began to improve it finally became like the white of egg. She also had a hissing noise in the left ear.

Ars. iod. 3x, had a slightly beneficial effect, but *Creosote* 1 as an injection, and *Creosote* 2, 5 drops 3 times a day, inwardly exhibited, made a perfect cure. During the operation of the *Creosote*, she had constant flooding, without hardly any intermission lasting three months. When I felt alarmed at this excessive discharge and wished to check it, she informed me that, far from weakening her, her strength constantly increased.

Under those circumstances I did not feel myself justified to interfere with this undoubted effort of nature to get rid of a serious disease. With the menstrual fluid, much yellow fetid pus was constantly discharged. Several examinations of the part were made. The cauliflower had entirely disappeared in the space of four months. It is now three to four years since this event took place and she has remained entirely free from the disease.

ANEURISM OF THE ABDOMINAL AORTA.

There are many diseases in which the strictest individualization, and the study of the symptoms in all their physiological and pathological bearings, are required to conduct us to a happy result. The following case is in point. There was a decided pulsating tumor of the abdominal aorta, of two inches in length. Strong pressure above the tumor arrested the pulsation, whilst pressure below intensified it. An experienced hom., physician confirmed my diagnosis. *Cause*: bodily and mental excitement during the Centennial.

Symptoms: Mrs. D., æt. 35, during the least motion has fainting spells, taste acid, the mouth dry and sticky, menstruation too early, lasting two days and smelling like rotten eggs, accompanied by bearing-down pains; pain in the left ovary; she feels better in the morning after sleeping, but always worse in the night. Discharge of flatulence from the vagina, enuresis, day and night; throbbing in the occiput with noise.

Cases of this kind are generally considered incurable by medicine, nevertheless she was entirely cured by rest and the persistent use of *Lycop.* 3, and *Calc. carb.* 3, for a year. Even the slightest external application always aggravated the case. Two years have elapsed since, and the lady is in the enjoyment of perfect health.

PERIODICAL NEURALGIA.

Mrs. N. has been subject for years to a periodical throbbing pain from the right side of the occiput to the temple and over right eye, commencing at 10 A. M. daily after breakfast and lasting until 2 o'clock P. M., when it ceases. She is cold before the attack, after which she has fever and thirst and deafness, with thick yellowish discharge from the nostrils. Sometimes the pain is jerking. After trying several remedies without result she was cured permanently by *Alumina* 3. The decided action of *Alumina* was very perceptible in this case.

PARALYSIS.

Mrs. G., æt. 65. Several members of her family having been afflicted with paralysis, she felt much alarmed when the first symptoms of this disease made their appearance. They were as follows: numbness and coldness in the fingers of both hands and in the middle of the upper arms, also numbness in both sides of the face but particularly over the left eye, giddiness, mistiness before the eyes, with a disposition to fall down on rising, great prostration of strength, with aching in both kidneys causing much voiding of urine. With these symptoms was conjoined a sore, numb pain in the left occiput behind the ear.

The remedy was selected in a great measure by its action on the primary lesion. This was *Graphites.*

Graphites 3 produced a violent aggravation of all the symptoms, but afterwards great improvement. *Graphites* 200 afterwards exhibited, acted still very powerfully, but finally cured the disease. After the cure of the paralysis the following symptoms appeared; confusion, fullness in the forehead with mist before the eyes frightful dreams with clammy perspiration, complete sleeplessness much flatulency. *Phosphor.* relieved all the symptoms and finished the cure.

PROLAPSUS OF THE RECTUM COMPLICATED WITH PROLAPSUS UTERI.

NEW METHOD OF TREATMENT.

By M. M. Eaton, M. D.

Pres. City Hom. Med. Soc. of Cincinnati, Ohio.

Miss S., æt. twenty-five years, came to me early in the summer of 1880, complaining with piles, and stated that she had been under nearly constant treatment for over two years, and felt about discouraged, being unable to walk, ride, or even stand for a few moments, without the piles coming down with much suffering. This condition had existed for six years. I found that there had been little hæmorrhage, and at once made a physical examination, which had been refused to other physicians, when I found a prolapse of the rectum but no piles; also found prolapse of the uterus down upon the perineum. The patient was anæmic and debilitated from pain. I prescribed *Nux* 3x., every three hours and applied an improved London abdominal supporter After three days I proceeded to replace the uterus and rectum, and introduced into the vagina an inflatable rubber pessary. This I fully inflated when I found the rectum was well held up by it. I now took my syringe for injecting fibroids, and inserted about twenty drops of a diluted solution of *Ferri, per sulph.*, made with five Liq. *Ferri, per sulph.*, to fifteen drops of water, by the side of the rectum, and gave *China*, 3x., every three hours. After about a week I removed the vaginal pessary and found that the side of the rectum, which I had injected, remained *in situ*, the other side coming down. I now replaced it and again applied the vaginal pessary and injected the prolapsed side, using the solution twice as strong as before. A startling result followed! In two days the tissues on this side of the rectum turned black, and soon sloughed out, leaving an opening by the side of the rectum two inches long, and about an inch wide at its central part and extending up by the side of the rectum at least two inches. I introduced vaseline, applied a compress, the perineal band, and kept up this compression for ten days or so, till the cavity entirely healed by granulation. In this manner a complete cure was effected. My excuse for such local treatment is that I had a right to expect that all remedies calculated to be of benefit had been used, and the call for prompt

relief was imperative. I saw the patient a few days since, and learned that the cure was complete, now nine months after the treatment described. The vaginal pessary was used about three weeks in all. Of course I would not again use the strong injection in a similar case; but the weaker one, first mentioned, I would try again, should occasion require.

Diseases of the rectum in women are very often incorrectly diagnosticated. I have removed successfully, with a result of perfect cure, a fibrous polypus from the rectum in a woman who had for years been unsuccessfully treated for piles. Another I found to have fissure of the anus with like experience, for eight years supposing she had piles. I cured her in a week two years since. These cases I mention incidentally simply to exemplify the need we have for a correct diagnosis in these anal difficulties. I would not be understood as recommending the injection of *Ferri, per sulph.*, by the side of every prolapsed rectum. In the great majority of cases remedies homœopathically are sufficient to cure, and upon their failure we have time enough to resort to operative procedure, premising however that we waste little time in treating any severe case, till we make a thorough and careful diagnosis.

Sympathetic Vaso-dilators of the Ear.—If the auriculo-cervical nerve is cut and the perypheric end of the nerve irritated, we have a congestion of the corresponding ear. This dilatation is reflex, since the end of the excited nerve is connected only with the cord. MM. Dastre and Morat (*Le Prog. Med.*) have been studying the tracks of this reflex action. First, the centripetal track which conducts this excitation to the cervical cord is formed by the second pair of rachidian nerves—origin of the auriculo-cervical; second, experiments prove that the excitation follows in the cord a descending course in order to issue below the seventh cervical pair. So that if we cut the cervical cord at any point of the space which separates the third and seventh vertebræ, reflex action is abolished. If hemisection is practiced, the reflex is abolished on the corresponding side. It is then below the seventh cervical pair that the source of the vascular dilatation is found. Third, the excitation goes out from the cord by communicating branches (the last cervical pair,) which lead to the first thoracic and inferior cervical ganglions. If the filaments are cut reflex action is abolished; if the end nearest the ganglion is excited, the congestion of the ear reappears.

These communicating branches are then true vaso-dilator nerves of the ear, and the section of the cervical cord which transmits the excitation to them contains the vaso-dilator centre for the ear.

In the experience of Snellen this centre is brought into action by the excitation of the central end of the auriculo-cervical, but can also be affected by all the other sensitive excitations which may reach it. Among these excitations MM. M. Duval and Laborde mention those which, carried by the trigenimus, are conducted by the roots of that nerve (ash-colored tubercle of Rolando), even to the vaso dilator centre noticed by Dastre and Morat. When they reach the ganglions already mentioned, the auricular vaso-dilator fibres terminate there or continue their route into the cervical band, mingle with the vaso-constrictor fibres which exist there, and with them reach the vessels of the ear. In the former case the ganglions of the chain would be like the peripheric ganglions of the *centres of reaction* or of *interference* of the two species of nerves the one upon the other.

The auriculo-dilators and constrictors have distinct origins in the cord; there is a cervical vaso-dilator centre, and a thoracic vaso-constrictor centre. The two species of nerves belong with equal right to the sympathetic system, which is only a new example of the general law that MM. D. and M. have formulated, viz.: the great sympathetic is a mixed or double system containing the vaso-dilator and vaso-constrictor nerves of all the organs.

At a subsequent meeting of the Society, M. Laborde presented two rabbits which had an extensive vascular-dilatation of the ears, with increase of temperature and double myosis. This phenomenon is under the control of a vaso-motor centre which extends from the origin of the fifth pair of cranial nerves to the first dorsal. If we prick very lightly between these two points, we obtain a vaso-constriction of the ear upon one side; if the puncture is deeper a vaso dilatation is produced, and, coincidently a vaso-constriction of the opposite side. If we touch accurately the median portion, the phenomenon of dilatation is doubled. The results are contrary, therefore, according to the depths of the puncture, and we recognize in the spine that vaso-dilator centre that M. Dastre had assigned to the filament connecting the first and second dorsal pair of nerves. (T. M. S.)

Cantharidine and Powder of Cantharis.—M. Cornil (*Le Prog. Med.*) produced in animals experimented upon with these substances injected into the blood, nephrites, enteritis, bronchitis and pulmonary congestion. Histologically, numerous lymphatic cells were observed in the kidney, occupying the capsule of the renal glomerule and separating this envelope from the various corpora malpighii. In the uriniferous tubes there was an interstitial or free granular exudation. Later, the lesion extended into the strait tubes of the kidneys. The cylindrical cells were larger, thicker, increased in number and formed into layers, and in consequence of reciprocal pressure closed the mouth of the collecting tubes of the kidney (lesions of acute catarrh). The bladder also showed lesions of the mucous membrane, the epithelial cells were superficially irritated and their nuclei were increased. The capillaries of the kidney and those of the liver were obstructed by thromboses of white globules. The respiratory tract was also irritated. The surface of the trachea, which in the normal state is clothed with a cylindrical epithelium with vibrating cilia, show numerous lymphatic cells in the deep layers which extend, also, to the superficial layers; in severe cases the numerous lymphatic cells were in clusters or groups; a catarrh of the mucous membrane which may extend to complete closure of the smaller bronchi. In the pulmonary parenchyma, were found an obstruction of the pulmonary vessels, with endarteritis, while a number of white globules were contained in the alveoli. Cantharidine produces, then, a generalized arterial irritation with lesions of acute cartarrh. The blister may be able, consequently, to produce these effects, if its action is too long continued. (T. M. S.)

Humming Sounds in the Ear.—All physiologists, at the present day, admit that the humming or buzzing noises are produced by an excitation of the terminal branches of the auditory nerve. M. Duplay in his work on Pathology attributes these sounds to the rarefaction of the air in the cavity of the tympanum. This theory has been objected to on the ground that this sound is also produced by the injection of air into the enstachian tube. M. Boudet (*Le Prog. Med.*) while suffering from a severe coryza was suddenly seized with humming in the ear; the sounds varying in intensity according to the position of the head. Violent vertigo followed an injection of air into the tube. He has noticed the same effect in two other cases; one from obstruction of the tube, and the other from obstruction of the external auditory canal. In all these cases he believes that the middle ear plays the part of a resonant cavity, which increases the received sounds. The sudden entrance of air into the cavity gives rise to vertigo and not to sounds. (T. M. S.)

Amyl Nitrate.—(Purified).—When blueness of the face and stertorous breathing come on after the administration of *Chloroform*, a few drops of *Nitrate of Amyl* held to the patient's nose on lint, almost invariably effects restoration of the breathing and color, and rapidly brings on sickness and vomiting. (C. Bader.) *Ind. Prac.*

New York Medical Times.

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EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE INSTITUTE MEETING.

The session of the Institute for the present year being over, it becomes us, in the interest of the future welfare of the organization, to review its proceedings and management, in the interest of that reform which is the life of our best efforts.

The papers which have been presented were of a high order, and reflected credit upon their authors as well as honor upon the Institute and the profession at large. We regret that we cannot say as much of the discussions, for these have fallen far short of that goal which ought to have been reached.

The Bureau of General Sanitary Science, etc., presented a long and most interesting report, which reflected great credit upon its Chairman, Dr. B. W. James.

Some of the other Bureaus gave reports which deserved more consideration than they received.

We are sorry that more care was not observed in the make-up of the Bureaus. The very practice which we criticised in our last was continued, even in a more aggravated form.

There is a looseness about doing things in the Institute which should be stopped, and more deliberation substituted. Snap judgment is not our best; and, where possible, carefully-appointed committees should be made to do work which will thereby become more deliberate.

More care bestowed upon the proprieties, including the fitness of individuals and things, would tend to bring to work such as have a keen sense of what is proper, and who are disgusted and kept away by the improprieties and the incessant quacking of those who always occupy the most time and have the least to say.

If some plan could be adopted by which synopses of the papers, or at least the *points* for discussion, could be given in advance, it would add very much to the interest of the discussion, as well as augment its volume; and we believe an effort will be made to accomplish this result.

President Dowling deserves and will receive the thanks of every member for the able and impartial manner in which he presided, and also for his efforts to make the meeting the grand success it has proved.

President-elect Breyfogle is a man who can be depended upon for sound and judicious effort, and from what we know of his views, we feel sure he will institute some reforms which will add to the usefulness of the organization.

One of these should be the composition of Bureaus; and now is the time, when all is fresh in our minds, to perfect a plan. It is all important to have the right man as Chairman; and there should be co-operation and consultation of these Chairmen, so that no one should be found officially connected with *more than a single Bureau.*

In selecting Chairmen of Bureaus, much work should be done before the session at which they are to be appointed. The best selection requires personal acquaintance with the work to which the candidate is suited, and that he is willing to attempt it. None should be appointed without previously obtained consent; for sometimes candidates are unable to serve, and the Institute is thereby unnecessarily inconvenienced.

Now is the time to reflect on the weak points of our work, and benefit by experience in arranging for the next.

We hope the Chairmen of Bureaus will do this, and then we may expect better of the future.

THE SITUATION.

The meeting of the American Institute of Homœopathy, whose sessions have just closed at Brighton Beach, was the largest ever held since the organization of the Society. It must have been apparent to all that the conservative element was largely in the ascendant. In the papers read and the discussions which followed there was manifest a broader liberality, a wider range of thought and a greater disposition to grasp at truth, let it come from whatever source it may, fearless of the results, and less of the drawing of a circle around a single truth, and hurling anathemas against all those who do not come up squarely to the standard of individual ideas. Science fears nothing and expects nothing. Nature, to her, is a storehouse of knowledge, and all its revelations are received with equal welcome. The true scientist is always honest and always unprejudiced. He approaches nature with the love and reverence of the child for its mother. Her words are to him like the unfolding of the great arcana of God's truth. He questions nature on every side, notes with eagerness, but without prejudice every fact, compares, analyzes, and crystalizes, from facts and experience, truths which become great principles, radiant points, marking out lines for future thought and investigation.

The time for discussing and arguing the great principle of similars has passed. It is now an established principle in medical science. It has taken firm hold of the medical world, and under different names, the great truth is admitted by leading minds everywhere as the corner stone of a scientific *therapeutics.* By some it is clothed in one garb and by others in another, conforming in each case to the peculiar characteristics of the

dividual mind. One calls it the law of similars, another the antagonism of drugs with each other and with disease, and still another the dual action of drugs. The same idea is, however, becoming the central one among leading minds everywhere. By some it is seen clearly like the green isle to the voyager from which the clouds are slowly lifting, while to others it stands out in the full blaze and glory of the noon-day sun.

We will not quarrel then about names and spend our best efforts in proving the truth of a principle which is now self-evident. We ask for it, and expect it will receive in the great world of medical science just the importance it deserves. We do not claim that in itself it constitutes a system of medicine. As we have said elsewhere, the art of medicine is too broad, too far-reaching to be covered by a single dogma, however strong, and however important. Great as is our veneration for those fathers in medicine who have brought to the domains of science earnest thought and careful investigation, and brightened with the light of genius dark places, we are the slaves of no man, and separate in their teachings what we believe to be the truth, which has stood the test of experience, from that theorizing which has no basis but the fancy of the originator.

We believe that the physician should be bound in the trammels of no sect but his mind should be ever open to the free and frank expression of honest thought. Here, as we understand it, the new school takes its position :

> "No pent-up Utica contracts our powers,
> But the whole boundless universe is ours."

Above our heads floats the broad banner of physician, and our hand is honestly and frankly extended to every educated mind, to every honest inquirer after truth.

The domains of science can only be enlarged and its truths strengthened by bringing out clearly and emphatically the most careful investigation and the best thoughts of thinking men. We heartily wish that the papers and discussions at our great national meetings were characterized by a greater evidence of investigation and more originality of thought. Text books we can read in our own offices, but when mind meets mind on the great platform of discussion we have a right to expect something fresh and new instead of a constant repetition of old thoughts and old ideas revamped.

Many of the papers were of marked excellence; we wish we could say as much for some of the discussions. In many cases the subjects were discussed by men whose ideas were crude and of no practical interest, while those who were able to throw light upon the matter were often compelled to remain silent in the background. The transactions of the Institute will probably make a book of a thousand pages. We are confident that a quarter of that number would be quite sufficient to contain every interesting fact or new idea.

A noted theological professor said to a young man just starting out on his life work, "In your public ministration keep yourself in the background and let God speak." To many of our friends the advice might be of value, only to speak when they have something to say, and then more in the interests of science and less to keep themselves before the public.

BON VOYAGE!

The rallying point in the new school of medicine the coming year, to which so many eager steps are turning in every part of the world, will be the International Convention, to be held in England in July. Judging from the large delegations which will leave our shores, the convention will be distinguished for energy and talent of a high order, and we confidently expect, from the deliberations of our brethren from every part of the world, results which will be a credit to the advanced position our school has taken in medical science. We are confident the Convention will address itself in earnest to the great work before it, and remember that science is never laggard and never wastes its time in vapid discussions of non-essentials. We must either keep in the van of medical progress, holding with firm hand the vantage we have already gained, ever reaching out for new conquests, or find ourselves crushed under foot and ground into powder by the on-rushing march of new thought. The medical world is everywhere casting off the lethargy of centuries. Its long sleep is over, and while we welcome our brethren everywhere to the rich treasures which the patient and unwearied investigations which the New School has brought to the domains of science, we warn our friends that the time has come when no impediment should be placed in the way of the breaking down of partition walls and the opening wide the doors of medical exclusiveness. We know the delegates from this side of the water, nursed in republican liberty of thought, will carry abroad with them that broad-seated liberality, joined with earnest convictions which has placed Our School in the first rank of progress at home. We wish them a *bon voyage*, and shall listen with eagerness for the ringing tones of their voices upholding truth and fighting for progress in the great gathering at London.

OUR DAILY.

Judging from the eagerness with which our daily issue was received, and from the very complimentary resolutions adopted by the Institute, we should say that our efforts to place before the members promptly the results of their deliberations was a complete success! No one knows what the effort cost, and we do not care, as we are satisfied with the result.

Of course, we can look back and see wherein we could have made the work more perfect; but it was our maiden attempt, and, considering the numerous drawbacks, was as complete as could be expected.

The members could have done much more to aid us if they would. If all had done as well as some, our report would have been far superior to what it was.

If each contributor of a paper would make a synopsis of the same immediately after finishing the original, he would very much benefit himself, by having his views correctly reported, and aid the press in giving that publicity which is of service to the Institute as a body.

We hope the importance of furnishing these abstracts was so far demonstrated at this meeting, as to protect the future against such omissions.

THE PRESIDENT ELECT.

The Convention has honored itself in electing to the presidency for the ensuing year that noble son of Kentucky, the grand old war-horse of our school at the West, Dr. Breyfogle. We heartily endorse the following telegram of congratulation from Surgeon-General Watson :

"Permit me most earnestly to congratulate the American Institute of Homœopathy on the election of a scientific, conservative, and thoroughly representative man as President, in the person of that young, vigorous, and dauntless Kentucky stalwart, whose will and ability to everywhere uphold the dignity and honor of our school none doubt."

DR. HOLMES' DIAGNOSIS.

At the celebration of the centennial anniversary of the Massachusetts Medical Society, the Rev. Dr. Ellis, on being called upon after dinner, delivered an address, in the course of which he said that at Roxbury, on the church records of the revered old Indian apostle and pastor, John Elliot, he had found this entry, date 1632:

"Mary Chase, the wife of William Chase, had a paralitik humor wh. fell into her back bone, so that she could not stir her body but as she was lifted, and filled her with great torture, & caused her back to goe out of joynt, & bunch out from ye beginning to the end; of wh. infirmity she lay 4 years & a half, & a great part of the time a sad spectakle of misery. But it pleased God to raise her again, & she bore children after it."

Dr. Ellis said that he had submitted this case professionally to Dr. Oliver Wendell Holmes, from whom he had received the following letter in reply:

"No. 296 Beacon St., *June* 3, 1881.

"My Dear Dr. Ellis:—A consultation without seeing the patient is like a murder trial without the *corpus delicti* being in evidence. You remember the story of Mr. Jeremiah Mason and the witness who had had a vision, in which the Angel Gabriel informed him of some important facts; 'Subpœna the Angel Gabriel.' So I should say, carry us to the bedside of Mary Chase; but she has been under the green bedclothes so long that I am afraid she would be hard to wake up.

"We must guess as well as we can under the circumstances. The question is whether she had angular curvature, lateral curvature, or no curvature at all. If the first, angular curvature, you must consult such authorities as Bryant, Dewitt and the rest. If you are not satisfied with these modern writers, all I have to say is, as I have said before when asked whom to consult in such cases, Go to *Pott*, to Percival Pott, the famous surgeon of the last century, from whom this affection has received the name by which it is still well known, of "Pott's disease"; for if a doctor has the luck to find out a new malady it is tied to his name like a tin kettle to a dog's tail, and he goes clattering down the highway of fame to posterity with his æolean attachment following at his heels.

"As for lateral curvature, if that had existed, it seems as if the Apostle Eliot would have said she bulged sideways, or something like that, instead of saying the backbone bunched out from beginning to end. Besides, I doubt if lateral curvature is apt to cause paralysis. Crooked backs are everywhere, as tailors and dressmakers know, and nobody expects to be palsied because one shoulder is higher than the other—as Alexander the Great's was, and Alexander Pope's also.

"I doubt whether Mary Chase had any real curvature at all. Her case looks to me like one of those mimoses, as Marshall Hall called certain forms of hysteria, which imitate different diseases, among the rest paralysis. The body of an hysteric patient will take on the look of all sorts of more serious affections. As for mental and moral manifestations, an hysteric girl will lie so that Sapphria would blush for her, and she could give lessons to a professional pickpocket in the art of stealing. Hysteria might well be described as possession—possession by seven devils, except that this number is quite insufficient to account for all the pranks played by the subjects of this extraordinary malady.

"I do not want to say anything against Mary Chase, but I suspect that, getting nervous, and tired and hysteric, she got into bed, which she found rather agreeable after too much housework and perhaps too much going to meeting, liked it better and better, curled herself up into a bunch which made her look as if her back was really distorted, found she was cosseted and posseted and prayed over and made much of, and so lay quiet until a false paralysis caught hold of her legs and held her there. If some one had "hollered" fire! it is not unlikely that she would have jumped out of bed, as many other paralylytics have done under such circumstances. She could have moved, probably enough, if any one could have made her believe that she had the power of doing it. *Possumus quia posse videmur.* She had played *possum* so long that at last it became *non possum.*

"Yours very truly, O. W. Holmes, M.D."

STATE HOMŒOPATHIC ASYLUM FOR INSANE.

This institution, located at Middletown, N. Y., enters upon its seventh year of active usefulness under auspices most favorable and gratifying. Until now its existence has been that of a fledgling, unequipped for its full duties. At first the main, or administrative, building was opened for the reception of patients, and but three wards were available for use—two for females, and one for males. The pavilion No. 1 was completed, and the male patients were transferred to it. Under that plan, for four years, the asylum authorities have wrought, having three wards for female patients, and six, of moderate size, for males. Under such circumstances the opportunity for proper classification has been a very limited one. Now, a new pavilion has just been finished, and the original plans for a complete and symmetrical establishment have at last been fully carried out. Seventeen wards, 9 for females, and 8 for males, are now about ready for use, and every form of insanity may be received and each case classified properly, every patient being surrounded by such safeguards and associations as will most surely conduce to recovery or favorable improvement.

During the developing period of the asylum's existence, there have been treated about 1,000 cases of insanity. About 45 per cent. of the whole number discharged have been fully recovered. The death rate, which at first was between 7 and 8 per cent., has steadily diminished until, during the last year, it fell to about 4 per cent. This favorable result is due to improved sanitary regulations, to increased skill (acquired by experience and training) on the part of physicians and nurses, to better and more varied diet, and to such diversions as tend most surely to lighten and remove mental cares. Whatever inclines to physical strength, and mental elasticity and cheerfulness, tends to sustain and prolong life. This practical lesson should be impressed upon the minds of the masses. While the treatment at the State Homœopathic Asylum is strictly in accordance with the law of similars, it has been determined that simple medication is not the only means to be employed in curing the insane. Nearly every patient who suffers from mental abnormality is the victim of some form of physical depletion. The rebuilding of the physical temple, which has been laid in ruins by the ravages of organic disease, is a cardinal principle which cannot be overlooked or neglected. To this end, radical measures have been adopted at the Asylum at Middletown. The farm of over 200 acres is cultivated in such a manner as to insure the largest possible amount of fruits and vegetables for the ward tables. Besides these, the dairy of 20 cows furnishes milk in sufficient quantities for drinking purposes to the entire establishment. The butter and cheese are purchased from farmers in adjoining counties. The meats for the house are furnished daily, fresh from the markets of Middletown. The regular bill of fare is wholesome, varied, and abundant, and in addition to this a "special diet" is allowed to all the sick, and to those who, for any good reason, are unable to partake of the regular fare. In matters of diet, as in matters of medication, the aim is to "individualize," and to supply each patient with the nourishment most easily assimilated, and which most surely tends to physical recuperation. Not only with drugs and diet, but with diversion and employment is the principle of "individualization" successfully carried out. The harmony of such methods is apparent. The right basis for all action is that "common law" which wisely adapts rational and common sense means for the attainment of worthy and commendable ends. Upon such a basis rests the workings of the Homœopathic Asylum at Middletown. The superstructure is a tower of successful results.

American Institute of Homœopathy.

PROCEEDINGS OF THE

THIRTY-FOURTH ANNUAL MEETING.

FIRST DAY—Tuesday, June 14, 1881.

GENERAL SESSION.

The meeting was called to order by the President, Dr. J. W. Dowling, of New York. Prayer was offered by Rev. Dr. Morse, of the Third Baptist Church, Brooklyn. The order of business, as prepared by the Executive Committee, was, on motion, accepted and adopted.

There were present: Drs. H. B. Eaton, Rockport, Me.; L. J. Donaldson, Portsmouth, N. H.; B. Munsly, Laconia, N. H.; T. R. Waugh, St. Albans, Vt. Massachusetts:—A. Boothby, F. Bruns, H. C. Clapp, M. L. Cummings, David Thayer, W. P. Gambell, C. E. Hastings, W. L. Jackson, R. E. Jameson, O. S. Sanders, I. T. Talbot, Boston. S. M. Cate, N. R. Morse, Salem, E. T. Campbell, Attleboro; S. A. Sylvester, Newton Centre; W. B. Chamberlain, Worcester; H. L. Chase, Cambridge; H. B. Clarke, New Bedford; H. H. Cobb, Cambridgeport; C. H. Farnsworth, East Cambridge; E. U. Jones, Taunton; O. G. Ross, Revere; H. E. Spaulding, Hingham. Rhode Island:—R. Hall, George B. Peck and M. M. Matthews, Providence, T. H. Mann, Woonsocket, J. C. Budlong, Centredale. Conn.:—H. M. Bishop, Norwich, W. H. Sage and H. E. Stone, N. Haven, G. H Wilson, Meriden; J. E. Smith, Norwich; Geo. F. Foote, Stamford. New York:—J. G. Baldwin, Alfred K. Hills, Homer I. Ostrom, A. B. Norton, T. F. Smith, Phebe J. P. Wait, Louis de V. Wilder, John W. Dowling, E. M. Kellogg, Henry D. Paine, Sam'l Swan, Edwin West, Amelia Wright, of New York City. W. M. L. Fiske, J. L. Monmonier, E. T. Richardson, Everitt Hasbrouck, R. C. Moffatt, Daniel Simmons, of Brooklyn. E. D. Jones, L. M. Pratt, H. M. Paine, of Albany. C. A. Belden, Jamaica; T. L. Brown, Binghamton; A. J. Frantz, Geneva; S. L. Hall, Portchester; A. W. Holden, Glen's Falls; A. P Hollett, Havana; H. C. Jones, Mt. Vernon; L. M. Kenyon, A. R. Wright, F. Park Lewis, Buffalo; S. H. Talcott, Middletown; S. A. Robinson, New Brighton; C. Ormes, Jamestown; M. J. Lincoln, Olean. New Jersey:—T. F. Pomeroy, J. J. Youlin, Jersey City; F. B. Mandeville, Newark; E. Rushmore, Plainfield. Pennsylvania:—O. B. Gause, Clark, Allen, P. Dudley, J. C. Guernsey, B. W. James, J. E. James, R. J. M'Clatchey, A. Lippe, A. R. Thomas, A. Korndoerfer, M. Williamson. W. B. Trites, Phila.; C. T. Canfield Titusville; M. J. Chapman, J. T. Cooper, B. F. Dake, H. H. Hofmann, W. J. Martin, W. H. Winslow, J. H. McClelland, C. F. Bingaman, Pittsburg; E. Reading, Hatboro; T. M. Strong, Allegheny; C. H. Lawton, Wilmington, Del.; M. Hammond, Balt.; L. Woodward, Westminster, Md.; J. G. B. Gregg Custis, Washington, D. C.; A. R. Barrett, Richmond, Va.; F. H. Orme, Atlanta, Ga.; E. C. Monell, Norwalk, O. R. B. Rush, Salem. O. W. Owens, S. R. Beckwith, Cin. Indiana:—J. R. Haynes, Indianapolis. Illinois:—T. C. Duncan, L. C. Grosvenor, J. S. Mitchell, J H. Buffum, A. E. Small. D. S. Smith, Chicago; C. A. Williams, Joliet. Iowa:—R. F. Baker, Davenport; E. Campbell, Fairfield; A. C. Cowperthwaite, Iowa City. Missouri:—P. G. Valentine, St Louis. Arkansas:—L. S. Ordway, Hot Springs; A. Fisher, Montreal, Ca.

The President's Address.

After some preliminary remarks, the President spoke substantially as follows:

Although it is not so stated in the Constitution, the question may well be asked, Has not this Institute an object beyond that of mere work? May there not be much benefit derived from the interchange of fraternal feeling between practitioners from all parts of the country, and through our delegates to the International Congress, between brother practitioners throughout the civilized world? The friendships formed; the differences explained; the pleasant reflections upon the meeting passed; the looking forward to the re-union of the year to come, combine to make these gatherings valuable to us collectively and individually.

Progress has undoubtedly been made during the past year, as in every year since our illustrious father in medicine first expounded our law of cure. But differences of opinion exist among our members as to what constitutes progress in Homœopathy. Having been chosen to your Presidency by no faction or party but by a unanimous vote, it is proper that, in any remarks which I shall make, I should regard those differences of opinions. I am debarred, if I have any special views on important matters which, to a certain extent, divide the members of our school, from referring to them, and it will not be out of place for me to urge members of this Institute to refrain from publishing such articles of a general or personal nature as tend to breed dissension in our ranks. We are not in danger from those who, styling themselves "regulars," have, by fair and foul mean, for nearly three-quarters of a century, been endeavoring to arrest our progress. (But little more than half a century has passed since Dr. Gram, the pioneer of homœopathy in America, first located in this country). Notwithstanding this abuse, our numbers have steadily increased, and are constantly increasing. Our system has grown in popularity, till now six thousand physicians practice in accordance with our law—or perhaps, speaking more accurately, to the best of their ability in accordance with our law—in the United States alone—and we learn from the report of our bureau of registration and statistics that we have 11 homœopathic medical colleges, 38 homœopathic hospitals, 29 dispensaries, 23 State societies, 92 local societies, and some 16 homœopathic medical journals; and, in addition to all this, although homœopathy is not credited with the change, our method of treatment is being generally adopted by the advanced members of the opposing school. If the statement made by your President for the year 1879, and renewed by this Institute, that "one who only occasionally prescribes homœopathically is a homœopathist" is accepted, our number would be more than quadrupled. Taking this statement and that of the editor of a prominent medical journal, in response to the question, What constitutes a regular practitioner? it is difficult to draw the line between the homœopathic and the so-called "regular physician." He says: "Our correspondent's inquiry is a little difficult to answer in the absence of any distinct and authorized declaration on the part of the prominent medical associations of this country. The code of ethics is silent on the subject, and, so far as we are aware, the American Medical Association has never given a definition of the phrase 'regular physician.'" The code, however, states that no one can be considered a regular practitioner—or a fit advocate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, or organic chemistry. He says, further: "This, it will be perceived, is a negative declaration, and we believe, that, as a matter of fact, the persons answering this description are now quite few in number. It certainly does not strictly apply to a large proportion of the so-called homœopaths of this country. As the homœopathic colleges teach anatomy, physiology, pathology and organic chemistry, it is hardly to be supposed that their graduates reject these aids in actual practice." And again the same editor says, in another article entitled "Lord Beaconsfield and Homœopathy": A physician should not be ostracized because he thinks there are some useful remedies in the so-called homœopathic therapeutics which can be prescribed in very small doses with good effect, or even because he thinks that

the *similia similibus* principle is a suggestive guide in the use of remedies.

It strikes me there should be no great difficulty in defining the word "regular," as applied to practitioners of medicine. Homœopaths have always, since the term was introduced, objected to the exclusive use by the dominant school of medicine, as applied to themselves, of the word "regular," and we have also taken exception to the use of the word "irregular" as applied by them to us, and have claimed that there was no legal or rational reason for this misapplication of terms; contending most positively that every regularly chartered medical college was a regular medical college, and that every graduate of such a college was a regular practitioner of medicine.

Now, in the absence of any distinct and authorized declaration by the prominent medical associations of this country, as to what constitutes a regular practitioner, and, as the code of ethics of the American Medical Association is silent on the subject; and as no medical body has ever given a definition of the phrase "regular physician," and as the members of this body claim to be regular physicians, and as we have the same right as has any other organization to define the words regular and irregular, and as there is much in the right of priority, would it not be well for this Institute, taking Webster's Unabridged Dictionary as its guide, to define, for the benefit of the medical profession at large, the terms regular physician and irregular physician? Webster defines the word regular as "Conformed to a rule; agreeable to an established rule, law or principle, to a prescribed mode, as: a regular practice of law or medicine —governed by rule or rules—steady or uniform in course —not subject to unexplained or irrational variation—instituted or initiated according to established forms of discipline, as: a regular physician." Taking the history of medicine for the past fifty years as our guide, I would ask to which system does the term "regular," according to Webster's definition, apply?

I can but consider it an evidence of the progress of homœopathy that there should be in the American Medical Association, at this day, men bold enough to express their views in opposition to attempted legislation on the subject of so-called irregular practitioners. It is an evidence of the progress of homœopathy that the editor of a leading medical journal of the dominant school should have had the courage, in commenting upon the recent action of that association, in declaring and making it a section of their code that: "It is not in accordance with the interest of the public, or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for—or otherwise be specially concerned with—the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine" to say in his leading editorial,—"We have no hesitation in saying that the action taken will not be endorsed by a majority of the profession of the country." "We are forced to acknowledge that the Association has taken a step backward in its present course." "The Association by its course has done a stupid thing in voting as it has done." I would myself add that the American Medical Association has stultified itself by legislating in regard to irregular practitioners without being able from its code to state the meaning of the term "irregular"; it has stultified itself by refusing to take part in the medical education of those who believe in the homœopathic law of cure or who propose to practice in accordance with that law—for its members well know that our students are not dependent upon them for their education in medicine. They well know that we have colleges of our own where every branch of medicine is thoroughly taught by able professors and specialists in every branch. They well know that our colleges have the confidence of our school, and that the number of students excluded from their institutions by this anathema, should it be carried into effect, would not in the entire United States amount to a baker's dozen; they well know that this action will not in the least affect the standing of our school, interfere with the progress of homœopathy or lessen the hold which it has on the confidence of intelligent communities in all parts of this broad and free land. That majority who succeeded, notwithstanding powerful opposition, in passing the resolution, has stultified itself in the estimation of the laity who have never countenanced the repeated efforts to suppress freedom of honest thought and action, in relation to the practice of medicine. It has stultified itself by its effort to appear above the practitioners of our own school in medical learning. It was Plutarch who said "The husbandman is always best pleased to see those ears of corn which decline, and by reason of their fullness bend downwards to the earth; but looks upon those as empty, deceitful and insignificant which, because they have nothing in them, grow bolt upright and appear above the rest." The future of homœopathy will prove that it had been far better had the old school quietly committed the whole matter to oblivion.

It is an evidence of progress that when in this American Medical Association it was proposed to indefinitely postpone action on the amendment to the code, out of 206 members present 102 voted in favor of so disposing of it. Three more affirmative votes and the National Old School Association would have been saved the mortification in the future of having the follies of the past brought to their recollection by being obliged, in order to retain their self-respect, to second this wise addition to their code. That time will surely come. But for the notable absence of many of their representative men this amendment would never have been entertained.

It is an evidence of progress, that our students are becoming more and more thorough in pathology, pathological anatomy and diagnosis. Whatever our views may be as to the "all-embracing, never-changing character of our law of cure," as scientific men, having the best interests of our patients at heart, we cannot urge too forcibly upon our students the importance of a knowledge of the pathology of every case. But if we, in our studies, have paid perhaps too much attention to therapeutics to the neglect of pathology, have not old-school physicians paid too much attention to pathology, to the neglect of therapeutics? In another decade they will be forced to acknowledge that a large portion of their therapeutics has been learned from the investigations of Hahnemann and his followers. They are learning now, in spite of their prejudices; not by investigation, but by the evidence in their very midst—before their very eyes—of the virtues of certain remedies in small doses, heretofore used exclusively by us. Some among them are bold enough and honest enough to publicly acknowledge this. Our therapeutics are in advance of theirs. But the physician's duty does not begin and end with the selection of the most accurately indicated remedy for a given train of symptoms. The importance of a correct and early diagnosis is acknowledged by all. Who of us cannot bring to mind instances of lives sacrificed to the want of this pathological knowledge—of patients who from a lack of it have been permitted to follow certain pursuits in life, to continue the gratification of certain indulgences, which were the primary and the only causes of the fatal diseases for which we have been called on to prescribe—diseases, in their early stages and under proper hygienic measures, curable?

On the subject of medical education the views of the Institute are well known. An entrance examination has been recommended, a more thorough period of study, and a rigid final examination by a board of examiners in no other way connected with the colleges; and, what is very important, it has been advised that preceptors discourage proposing students deficient in general education from entering on the study of medicine. It undoubtedly seems to many of the members of this Institute an easy matter for our colleges to conform to these

suggestions. If, by National law, it were possible to regulate the course of instruction, the term of study, and the requirements for the degree of Doctor of Medicine in the various States, so that there should be a uniformity in these matters, the task would be an easy one. But, from correspondence had with some of the ablest legal authorities in the land, I am led to believe that a doubt exists as to the power of the National Government to pass laws regulating admissions to our profession. Unfortunately, few medical colleges are endowed, and those endowed are not sufficiently so to enable them to be entirely independent. They cannot exist without students, and so long as a degree is more easily obtained at one college than at another, a large majority of students will go to that college, and any attempt at reform in these respects has had the effect of diminishing the size of classes; but, notwithstanding this fact, many of our medical colleges have profited by the suggestions of the Institute, and have made their course of instruction all that could be desired. Some have made three college terms compulsory; some have inaugurated an entrance examination; and some have an independent board of examiners. But there is an absence of uniformity. Our standard is certainly equal to that of the old-school colleges of this country, as is also our course of instruction; and if there were a prospect of the newly-added clause in the code of the American Medical Association, excluding homœopathic students from their instruction, being enforced instead of remaining a "dead letter," our colleges could, in matters of medical education, establish rules which would be rigidly followed by all.

But from the date of his matriculation the student of medicine begins to look forward with a feeling akin to dread to that final examination. To be placed back a year is magnified into a calamity, a disgrace which will follow him through life. Is it any wonder, then, that there should be a disposition on the part of students—except by the few having confidence in their own abilities—to avoid colleges having a reputation for thoroughness as regards these examinations?

During the past years, several of the States have legislated upon the subject of the practice of medicine within their boundaries, the object being suppression of quackery; but there is a lack of uniformity, and in many States the law is not enforced. In the great city of New York, notwithstanding the stringent State law passed since the last meeting of the Institute, hundreds are engaged in the practice of medicine in direct violation of that law.

In my opinion a law could be drafted acceptable to all the States and to the various schools of medicine, which would, if passed and enforced, not only regulate the practice of medicine throughout the Union, but which would establish a uniform standard of medical education and uniform qualifications for graduation; and I would respectfully suggest that the proper committee of this Institute be requested to consider the matter and to draft a law, which in their opinion, would cover the whole ground, and present it to the Institute for approval.

The President closed with expressions of congratulation on the prompt issue of the "Transactions of the Institute," and a glowing eulogy to the late Dr. Constantine Hering.

The address of the President was referred to the usual committee, consisting of Drs. Cooke, Morse, and Owens.

The President then appointed the Auditing Committee, consisting of Drs. C. S. Orme, I. T. Talbot and Philo G. Valentine.

The report of the Committee on Publication for 1880, was then presented by Dr. J. C. Burgher, Gen. Sec'y, and was briefly as follows—that the transactions of 1880 were published, and delivered to those entitled to receive them, within the allotted time, by the Institute. The work contained 738 octavo pages, and was substantially bound in cloth. A supplemental report was also presented, stating that over 3,000 circulars, to the profession at large, had been issued. Circulars had also been sent out to the profession at large by Drs. J. W. Dowling and W. L. Breyfogle, at their own expense.

Dr. J. C. Guernsey presented his report, as Editor of the Trans. of 1876 and 1879, in which he recounted the obstacles he had met with in the work, and asked the Institute to take action in respect to the disposal of the stereotype plates. Upon motion the report was accepted and referred.

Dr. E. M. Kellogg made his report as Treasurer, showing $111.43 cash on hand, and on motion the accounts were referred to the Auditing Committee.

A SUMMARY OF THE NECROLOGICAL REPORT was given by DR. HENRY D. PAINE, substantially as follows:

Eleven members of the Institute have been removed from its fellowship by death, since the last annual session. If other losses have occurred during the same interval that are not embraced in this record, it is because they have not been reported to this Bureau, or have escaped the diligent inquiry of the compiler.

The report contains brief memorials of all these our recently deceased associates, which will appear at length in the Transactions, together with a few others that were omitted from former reports for want of the necessary information.

The greatest loss that the Institute and our school have sustained in this country was that of the venerable and venerated CONSTANTINE HERING, who rested from his unintermitting labors in expounding and extending the principles and resources of our science, July 23, 1880, soon after the close of the last meeting, at the age of 80 years. An event of so great interest and significance will not be allowed to pass this meeting without some special commemoration.

Another of the original members and founders of the Institute, Dr. CHARLES A. STEVENS, of Scranton, Pa., departed this life Jan. 17, 1881, aged 63 years.

Dr. GARRETT D. CRISPELL, of Kingston, N. Y., died Dec. 15, 1880, aged 79.

Dr. ABNER R. BARTLETT, of Aurora, Ill., elected to membership in 1857, died Dec. 26, 1880, aged 68.

Dr. JOHN L. CLARK, of Fall River, Mass.; graduated 1854; elected 1859; died Oct. 25, 1880, aged 68.

Dr. LEVI L. OBER, of La Crosse, Wis.; elected 1857; died March 26, 1881, aged 62.

Dr. MOSES F. PAGE, of Appleton, Wis.; graduated 1866; elected 1869; died Jan. 20, 1881, aged 57.

Dr. EPHRAIM C. BECKWITH, of Columbus, O.; graduated 1853; elected 1871; died Nov. 30, 1880, aged 56.

Dr. MARCELLO M. GARDNER, of Utica, N. Y.; graduated 1851; elected 1869; died July 31, 1880, aged 49.

Dr. H. L. H. Hoffendahl, of Boston, Mass. [Particulars expected.]

Dr. ALBERT HAMMOND, of Hagerstown, Md.

Dr. DELANIA T. CONNOR, of New Haven, Conn.

Memoirs of the following named members who had previously deceased, have been obtained, are also included in the present report:

Dr. MOSES DODGE, of Portland, Me; graduated 1838; member of the Institute from 1847; died Oct. 18, 1879, aged 67.

Dr. JACOB SCHMIDT, of Baltimore, Md.; graduated 1843; an original member of 1844; died March 20, 1880, aged 66.

Dr. THOMAS C. STEVENSON, of Carlisle, Pa.; graduated 1851; elected 1852; died Dec. 19, 1879.

The above named were long on the roll of seniors.

Dr. WILLIAM E. FREEMAN, of Wilmington, N. C.; graduated 1847; elected 1860; died Feb. 1879, aged 63.

Dr. JOHN H. WOODBURY, of Boston, Mass.; graduated 1855; elected 1859; died Feb. 28, 1880, aged 48.

Dr. GEORGE R. KNIGHT, of Collegeville, Pa.; graduated 1873; elected 1875; died July 20, 1877, aged 29.

An invitation was received from the Homœopathic Medical Society of the County of New York, to a reception, which was accepted with thanks, and referred to the Executive Committee for arrangement of time.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

Dr. TALBOT, Chairman, read the report which contained the following suggestions:—1. That the form of application be changed, so that instead of being as at present, a mere certificate of fitness for membership, it shall be a direct application made in the hand-writing of the applicant, and certified to as now, by three members.

2. That persons elected to membership may become life members, and exempt from annual dues, on the payment of one hundred dollars.

3. That members by paying five dollars per year from the date of his last annual due up to the time when, by his twenty-five years of membership he could become a senior, he shall thus become a life member and exempt from annual dues.

4. That the names of all applicants for membership, with their residence, place and time of graduation, and names of members certifying thereto, shall be pasted in some conspicuous place during the session, at least twenty-four hours before election.

5. That the number of Vice-Presidents of the Institute be increased to four.

6. That a salary of three hundred dollars per annum be paid to the treasurer, and that he give bonds in the sum of three thousand dollars for the faithful performance of his duties.

7. That there be a more strict observance of the by-laws, that every bureau organize and arrange the work of the succeeding year before the close of the session.

8. That the secretary shall prepare and publish a sketch of the work of the next annual session, and send the same to members with the published transactions at the latest before the first of January.

In *registration* it was suggested that the annual list of members was the most reliable list published, and the Institute cannot go beyond this without danger of a quasi-endorsement of those not entitled to it.

In *Statistics* facts were given of National, State and local societies, of hospitals, dispensaries, colleges and journals.

The American Institute of Homœopathy has 842 members in the various States. Although this membership is large, it should be more than doubled. The larger membership would enable it to do a much larger amount of work and thus render the membership of each more valuable.

There are 24 State Societies, 17 of which are incorporated. Of about 100 county or local societies only 52, a little more than one-half, have made a full report, though many others are expecting to report at this meeting. The report dwelt upon the importance of an active judicious secretary, to the life and usefulness of a medical society.

Of 38 *hospitals* 13 have already reported 1,007 beds, and the treatment of 13,877 patients, with a mortality of only $2\frac{1}{16}$ per cent. Satisfactory progress has been made in many of these hospitals, particularly in Cleveland, Pittsburgh, Brooklyn, New York and Boston. Of 31 dispensaries, 17 only have reported as yet. In these 62,-137 patients have been treated and received, 193,772 prescriptions, at a cost of about $6,000, and a great deal of hard work given by the physicians.

The 11 colleges are all reported in good condition with an aggregate of 1,250 students in attendance. Of these 431 have been graduated the past year. An appeal was made for greater aid to these colleges by the profession and the public. They are established for the welfare of the public, and it is of great importance that they should be so well-sustained, as to give the greatest amount of instruction to the students. Of journals 17 are now published. Four have been established during the year, and three have suspended.

The report then closed with detailed statistics of the various institutions, and an appeal for greater promptness and completeness in regard to details.

Dr. I. T. Talbot was appointed Chairman of the Bureau for the ensuing year.

THE BUREAU OF PSYCHOLOGICAL MEDICINE reported through its Chairman, Dr. T. L. Brown, a paper on "Indispensables in the Cure of Insanity," by the Chairman.

Dr. S. Lilienthal was appointed Chairman for the ensuing year.

THE BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE reported through its Chairman, Dr. B. W. James, the following papers:—

I. Bushrod W. James, M. D., Philadelphia, Pa., *Chairman*; "Progress of Sanitary Affairs during the Year; Introductory Paper on Hygiene and Medication in General."

II. 1. D. H. Beckwith, M. D., Cleveland, O.; "Personal Hygiene as to the Air Breathed."

2. T. S. Verdi, M. D., Washington. D. C.; "Personal Hygiene as to Dwellings Occupied."

3. A. R. Wright, M. D., Buffalo, N. Y., "Personal Hygiene as to Business Followed."

4. T. P. Wilson, M. D., Ann Arbor, Mich., "Personal Hygiene as to Habits Formed."

5. E. U. Jones, M. D., Taunton, Mass.; "Personal Hygiene as to District Inhabited."

6. George M. Ockford, M. D., Burlington, Vt.; "Personal Hygiene as to Fluids Drank."

7. H. W. Taylor, M. D., Terre Haute, Ind.; "The Hygiene of Foods; an Experiment."

8. Lucius D. Morse, M. D., Memphis, Tenn.; "Personal Hygiene as to Clothing Worn."

Dr. T. P. WILSON of Ann Arbor, Mich., was appointed chairman of the bureau for the ensuing year.

THE BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS reported through its Chairman, Dr. A. C. Cowperthwaite, the following papers relating to the history, pharmacology, toxicology, provings, mode of action, and clinical application of *Caladium seguinum*, *Papaya vulgaris*, and *Viburnum opulus*, as follows:

1. History and Pharmacology—E. M. Hale, M.D., J. Heber Smith, M.D.

2. Toxicology, { L. D. Morse, M.D., O. S. Wood, M.D.

3. Critical Examinations of Provings—T. F. Allen, M.D.

4. Differential Diagnosis—E. A. Farrington, M.D.

5. Arrangement of Schema—A. C. Cowperthwaite, M.D.

6. Mode of Action, Pathogenetic and Therapeutic—William Owens, M.D., W. J. Hawkes, M.D.

7. Primary and Secondary Action, and Action on the Genito-Urinary System—W. H. Leonard, M.D., E. M. Hale, M.D.

8. Action on Female Generative System—K. Parsons, M.D.

Dr. E. A. Farrington was elected chairman for the ensuing year.

THE BUREAU OF CLINICAL MEDICINE reported through Dr. J. S. Mitchell, the following;

1. "Mania-a-Potu," by Dr. Geo. F. Foote.

2. "Observation on Dose," by W. P. Armstrong; and Dr. T. F. Pomeroy was appointed chairman for the ensuing year.

Adjourned.

SECTIONAL MEETINGS.

THE BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE met at 3 o'clock P. M.; at which time the following papers were read and discussed:

Dr. JAMES said that hygiene, with the finger of warning, points out the paths that lead to ill-health, while medicine extends the helping hand to the unfortunates that have fallen, wounded in the strife. The former aims towards the perfection of the mental and physical powers, the greatest amount of vigor, normal growth, and the postponement of decay, suffering and death until the remotest period.

The latter accepts the fact of abnormal conditions, impairment of physical functions and structures, the presence of partial decay and at once sets about restoring the system to its accustomed standard of activity and usefulness.

Hygiene, in its true sense, implies the application of a State, or rather a National, code of health laws and their enforcement, by which the utmost vigor, continual healthfulness, and longevity shall be secured to the largest number of the inhabitants. These include the prevention of epidemics from without, and the immediate limiting of them when occurring within the National bodies. It looks to the education of the intellect and the physical powers to their best degree without the over-taxing of either.

It takes up the subject of parental fitness for the propagation of the race, and should prevent the marriage or inter-marriage of unhealthy, feeble persons, afflicted with hereditary diseases, whose offspring will naturally be very short-lived, puny, and unfit for great mental or physical development; who will be only sufferers themselves, and a care and burden upon the healthy, and of no aid in the general progress of true hygienic perfection of the race. In this category I will include confirmed consumptives, and those afflicted with carcinoma, syphilis, leprosy, epilepsy, and imbecility.

It further looks to the establishment of general sanitary principles, which will enable communities within the nation to adopt measures that will prevent their citizens from being poisoned by their own emanations. It fosters the organizations that are working assiduously to enlighten the people upon sanitary subjects, and encourages them all, from the local health inspector in a town or village, to the govermental authority vested with the weighty matters concerning the warding off of pestilential diseases from the nation, or their encirclement and "stamping out" in the event of their inroad or development at home.

It also generously offers to sister communities or nations the advantages of any improvements or discoveries that are being made, by means of a general publication of the facts to all that care to heed the information thus made known.

It takes up the work of the physiologist; and, from the determinations he has been able to verify, draws conclusions and lays down definite health laws for the individual, for corporations, and for the State and nation to abide by, if the most desirable results as to longevity and physical perfection are desired.

Now, man has certainly been given sufficient intelligence to choose between the use of the means that tend to his physical improvement, and those that act injuriously upon him and have the tendency to destroy his physical development and happiness. Therefore he should abide by the laws that the science of hygiene lays down so that his own comfort and health may be subserved as well as that of his neighbors and his posterity.

The father should see to it that no abuses, excesses or habits or wilfully impaired health of his are transmitted to his offspring. He should be a healthy man to become a parent, and the mother should likewise be a specimen of normal functional activity, and especially during her pregnancy. These requirements being assumed, the child will by inference in all probability approach towards physical perfection, provided sins of the generations before are not transmitted. The hygienic laws now come in at birth to govern that being through its future earthly existence, all the various surroundings to which I have referred must be made good, so that the vicissitudes of infant life may be safely passed over. Then the period of youth to the development into the manhood and womanhood that the Creator provides for the maintenance and propagation of the species must be most assiduously guarded that this being may grow into a vigorous, capable person for the multiplication of the human family. Then when the full development of the physical powers has been reached, the utmost vigilance is required in every hygienic particular; and as the decline of the wonderful and mysterious mechanism which supports vitality is reached, different conservative rules for the prolongation of life must be added to the others that have been observed for the previous support of physical vigor. We have laid out the subject so that the different writers upon the Bureau have had opportunity to take up the different conditions in which hygienic rules are applicable to man personally as an individual as well as in those wider relations which he sustains to his fellow-man and future generations.

DR. JAMES ON RECENT PROGRESS OF SANITARY AFFAIRS.

Not only have great discoveries and important practical improvements been made, but the whole field of previous knowledge and experience on the subject has been thoroughly worked up and codified. This subject of sewerage has almost grown into the dignity of a science. The great difficulty which has to be met in every system of sewerage (Col. Waring's Memphis system perhaps excepted) is the generation of sewer gas and its escape into houses. To meet this difficulty the following axioms have been formulated and accepted by the great mass of the authorities on the subject.

1st. The sewer should be ventilated by grated manholes opening into the streets.

2d. Every house drain connecting with the sewer should be trapped without the house, and the trap ventilated.

3d. The soil pipe connecting with the drain should be ventilated by extending the pipe above the house, and several feet above any windows, and attaching to its top a proper ventilator cap.

4th. Every waste pipe connecting with the soil pipe should be trapped as near as possible to its basin, and the trap should be correctly ventilated, either into a separate ventilating pipe, or into ventilated soil pipes when there are no other basins connecting with it above.

Perhaps the most important experiment that has been made in sanitary engineering and the one that is most likely to lead to radical changes in our sewerage systems, is that planned by Col. Waring, and carried into effect at Memphis, Tenn. The principal feature of this system is that it provides for the separate removal of sewage and storm water. The small size of the pipes of Waring's system prevents the generation and accumulation of sewer gas. This indeed is the great advantage of the system. In our ordinary sewers there is always an immense open space in which the gases arising from the putrefying sewage naturally find a store house.

In Memphis every house is required by law to be connected with the sewers. This law is one which should be adopted by every town or city which has a system of sewers of any kind.

Cess-pools of every form are liable to generate sewer gas and poison the surrounding soil, and if possible they should be abolished. Another of the sanitary laws of Memphis is one which would only apply to its peculiar system, and that is, that the drains connecting every house with the sewer is required to be untrapped, and

the soil pipes to be run up above the house—the object being to ventilate the sewers.

Rain water which is accumulated in cisterns is in all cases contaminated by dirt washed from the roofs or other surfaces over which the water has flowed before it reaches the pipes and spouts. The importance of filtering cisterns at our seaside resorts where the whole supply of water is from the rain washed from the roofs, need only be mentioned to be appreciated.

In every household there is a constant accumulation of material that is called "*waste* or *refuse*."

The system of "tips" or "dumping places," or "trench burial" of these materials outside of the city lines is better than a promiscuous scattering of them among dairies and dealers in swill-milk and garbage-fed dairy products. But these dumping places are left open too long, as a rule, and pestilential exhalations emanate therefrom, and are carried by the winds over the town. The most recent improvement in this direction is probably the garbage-destroyers or furnaces for the purpose of cremating, thus converting a useless material into a marketable and salable article of commerce.

During the last two years there has been considerable discussion of the subject of food adulteration. So widespread and invidious has this evil become, that everyone interested in sanitary reform has felt the necessity for some immediate and radical remedy. The matter was discussed in the sanitary papers, and one of them, the *Sanitary Engineer*, offered a prize for the best draft of an act which would prevent, by legislative authority, the further adulteration of drugs and food. When the National Board of Health was established, this subject of food adulteration was one of the most important problems that presented itself to them for solution.

The National Board of Health is at present engaged in a comprehensive chemical analysis of the various impregnated drinking waters of our country. The same Board has also been engaged in obtaining the filtering capacity of soils. The results may be summed up in reference to the ability of sand in different grades of fineness, charcoal and asbestos to deprive air and water of microscopic life.

"*From these results, it appears very clearly sand interposes absolutely no barrier between wells and the bacterial infection from cess-pools, cemetaries, etc., lying, even at great distances, in the lower wet stratum of sand. And it appears probable that a dry gravel, or possibly a dry, very coarse sand interposes no barrier to the free entrance into houses built upon them, of these organisms which swarm in the ground-air around leaching cess-pools, leaky drains, etc., or in the filthy made ground of cities.*

"And from the results obtained from the two series of experiments, *viz.*, in filtering air and in filtering water, we can now draw one very important practical conclusion, which cannot be too strongly emphasized: *That a house may be built on a thoroughly dry body of sand or gravel, and its cellars may be far above the level of the ground-water at all times, and it may yet be in danger of having the air of its rooms contaminated by the germs from leaching cess-pools and vaults; for, if the drift of the leaching be towards the cellar, very wet seasons may extend the polluted moisture to the cellar walls, whence, after evaporation, the germs will pass into the atmospheric circulation of the house.*"

Dr. VERDI spoke of the "dwelling" as that hallowed spot which the father builds as the haven for his family, to secure which he labors half of his life-time. He builds it not for a season; unlike any other animal, he wishes it to remain to shelter his dear ones when he is gone to that infinite space that his mind cannot compass. But what if the unhealthiness of the dwelling should crop the little ones that so often tumbled on the lap of his love! What, if his wife, who has "halved all his sorrows and doubled all his joys," should be hurled into an early grave by its noxious atmosphere!

Then the doctor took up in earnest the building of a healthy dwelling. He commenced with the building site and spoke at length on the qualities of the various soils which are conducive to health or to disease. He treated of the humidity of the soil, the aëration and the capacity for heat of the same, and also its geological formation. Then he treated of its drainage, etc., and concluded as follows:

"The local climate should be healthy; the soil should be dry and porous; it should be protected from the north and the east by shelter at a sufficient distance to prevent stagnation of air and damp, otherwise the shelter from cold and unhealthy winds, which is an evil recurring only at intervals, will be purchased by loss of healthiness at other times. The ground should fall in all directions to facilitate drainage; it should not be on a steep slope, for high ground rising near a building stagnates the air just as a wall stagnates it: the natural drainage outlets should be sufficient and available. There should be nothing to prevent a perfect circulation of air over the district; there should be no nuisances, damp ravines, muddy creeks or ditches, undrained or marshy grounds close to the site, or in such a position that the prevailing winds would blow the effluvia over it."

Then the doctor described the building of a house and dilated largely on the subject of wet walls; the effect of such damp upon the atmosphere of a house and upon the human economy. He spoke of a dry wall as a ventilator and of a damp as an obstruction to ventilation, and gave the capacity of different building materials of absorbing and retaining water, and concluded as follows:

"Dry walls are conducive to health, wet ones to disease.

"To keep a wall dry, ventilation must be secured not only on each side of the wall but through the wall itself.

"That porous building material is necessary to secure wall ventilation.

"That no house should be occupied by living beings until its walls are satisfactorily dry.

"That a house occupied while the walls are still soaked with water, is, on account of the humidity created by the indwellers, forever prevented from becoming dry.

"That the moisture deposited on the inner surface of the wall has the chance of becoming evaporated externally, provided the building material is porous, but never if impervious.

"That damp walls are uneconomical on account of great quantity of heat used up in evaporating their water."

Then he entered the question of plumbing, passing severe strictures on that art as at present carried on. This question he treated scientifically. In this question he included all the drainage of a house and water-closets, and demonstrated the dangers from defective plumbing. In this connection he spoke of lead-pipes for conducting potable water, showing its dangers and how solutions of lead are obtained by different qualities of water, and by mechanical and chemical action.

Then he went on to speak of the purity of air and ventilation, how pure air can be maintained, and how the air in a house can be polluted by the combustion of gas, of oil, of candles, of coal and wood, etc. He gave an experimental table of how the presence of carbonic acid gas can be detected by smell, and suggested various practical modes for maintaining a proper exchange of air.

Dr. WILSON, in his paper on "Personal Hygiene as to Habits Formed," said that this subject, simple as it seems, cannot be dismissed in a few words. Questions of habit are paramount to the individual. The functions of all living beings are only the results of habit. Protoplasm possesses a peculiar susceptibility to external impressions. From the effect of these it becomes differentiated. Structural forms arise in response

to force. Hearing, seeing, feeling, etc., etc., are no more than modes of habit. So, it is plain, habit both makes and preserves the individual.

Habit is the result of pleasure. This is especially true of those habits which are purely personal. They perpetuate the existence and aggrandize the pleasure of the individual. Instinct and reason are both the result of habit. Men everywhere reason pretty much alike. Children reason after the manner of their parents.

Heredity is nothing but habit. What was casual in the parent becomes constant in the child. Both good and evil come under this law.

Many habits are social. They are produced by fashion. They began as personal habits of the *bon ton*, and are adopted and followed by others to please an imitative faculty. Social habits are usually unsuited to the majority of those who follow them.

As to habits formed we may safely say

1. Those which are strictly personal are generally conducive to the individual welfare.

2. Those which are essentially social are generally injurious if not destructive to those who follow them.

The primitive man was naked and possibly covered with hairs. From causes chiefly climatic he took to wearing clothes. This personal habit has generally conduced to his pleasure and perpetuity.

In early ages man formed the habit of living in houses. Out of this habit has grown an endless amount of misery.

Man, along with other animals, is chiefly influenced by his environments. All influences are originally extrinsic. Some of them become intrinsic and appear as heredity because they are habitual.

Protoplasm differentiates solely under the effect of external influences. When the molecular adjustment has become suited to the action of certain forces, then we may say the habit is formed.

Within certain limits protoplasm is able to adjust itself to its environments. But the earth's flora and fauna have their geographical limitations.

Man, himself an aggregation of protoplasmic masses, has a wider and almost universal range of residence. Habits of food and clothing enable him to enjoy this.

True, man has his limitations also, but they are not fixed. What the differentiating capabilities of the human race may be no mortal can tell.

Certain it is that influences that at one time were injurious become entirely innocuous through habit. We become used to them.

Our sanitarian reformers are on the wrong track. Man is a variable, not a fixed factor. With them injurious influences must be removed. They never consider that if man, through all his previous history, had been thus and effectually protected from disturbing and even hurtful influences, he would never have become a man, nor even a monkey, but would have remained a piece of undifferentiated protoplasm. The fittest always survive, and their security lies in the fact that they have formed habits which essentially protect them.

If there be influences which invariably kill, then we must abolish them, or else weaken them so that we may become used to them. A stroke of lightning is quite uniformly destructive. But now and then a victim escapes. Out of that fact in the coming centuries we may evolve a race whose habits make even a thunderbolt harmless. Possibly science may undertake to train the race with electric shocks until the human body becomes a perfect conductor, and so be unharmed when overtaken by a discharge from the clouds.

Man is not a "shorn lamb" so that he needs to have the winds constantly tempered to him. He will never be any greater, wiser, or happier if he must have ever about him the *cordon sanitaire*. The human race is the sport of the elements and the victim of untold sufferings. Innumerable diseases are eating into their vitals.

What is civilization doing for man? "Destroying him" says the sanitarian. The very reverse of this is true. Every year adds to the security of the race. Where are the former great epidemics? "They are gone because I have stamped them out," says the sanitarian. No; they do not appear because they have become innocuous. Habit has rendered them more and more harmless.

Man is rapidly adjusting himself to his environment. In time I have no doubt he will master the situation. Then disease germs, if there be any such, or whatever produces disease, will have lost their effect on the human race. This cannot be a chimerical idea. A ravaging epidemic exhausts itself in decemating a population. The nine-tenths who survive are invulnerable. Could we make the one-tenth who are susceptible invulnerable, we would have no epidemic. Deny it who can.

Small-pox has lost much of its former virulence. Is this due to vaccination? I doubt it.

Syphilis has lost more than half its ancient horror. More and more does the observant eye see the gradual toning down of disease. This comes from the fact that the race is becoming habituated to these things.

It is a pleasing thought that each disease carries with it its own cure. In how many instances do we see one attack in some cases partially and in others wholly exempting the patient from subsequent attacks?

Cholera, consumption, and syphilis, with all their retinue of lesser lights, may one day roam over the world and find mankind no longer susceptible to their noxious breaths.

Tobacco and whisky, with all their dire calamities, come under the same law. Is that the best way to get rid of them? I tell you nay. If we had the germs of consumption, cholera, and typhus bottled and boxed as we have tobacco and whisky, how easy and reasonable it would be to cast them

> "——— remorselessly unto
> The bottom of the sea!"

which would undoubtedly benefit mankind

> "And worse for fishes be."

In conclusion, arsenic and tobacco, that are undoubted toxicological agents, may through habit be employed with comparative safety in doses that otherwise would certainly kill.

From these not solitary examples we generalize the following as a law of nature:

Habitual exposure of mankind to noxious influences will, in the course of time, render those influences harmless, and possibly make them beneficial to the human race.

Dr. E. U. JONES introduced the subject of "Personal Hygiene as to District Inhabited," by asserting "that the air, and the water, and the spore, and the microzyme have connection with disease and death, and are linked together by the conditions, both in the object and the subject. The chief of these is the soil-conditions. The question of the porosity of the subsoil becomes all important. The movement of the ground air in connection with moisture and heat is evidently not the least, and the study of its ground water is still more important. The non-aëration of the soil is one of the causes of disease.

"Alluvial soils are commonly unhealthy because of their extreme retentiveness of moisture. The soil-factor is really the largest one in what we term "climate," and has hitherto been too much ignored. In a certain locality having a porous soil and subsoil there has not been an indigenous case of phthisis for the past thirty years.

"The object of drainage is not the removal of filth, but to maintain at a proper level the ground water. In all large towns and cities a perfect system of deep drainage should be co-extensive with that of the sewerage.

"Not an uninteresting or valueless collateral study is that of the flora of each particular district, as connected with these soil relations, and hence with the hygienic. The magnolia and the palm, aside from temperature, would die in the soil which will support the tall pine and the spreading fir; the oak and the cypress can hardly

interchange; nor the bearded wheat and the water-loving rice. To a certain extent the flora of a district is not merely an expression of the soil character of that district, but is also an hygienic expression,and partially antidotes otherwise noxious influences. And now when epidemics are relegated to the microcosmic realm, and the atmosphere is searched for its infinitesimal organisms and spores, and chemical analysis is sure that death lurks in the water we drink, shall we not look more closely to the hygiene of the district inhabited, and find there the things for which we search in vain elsewhere?"

DR. GEO. M. OCKFORD'S paper on "PERSONAL HYGIENE, AS TO FLUIDS DRANK," briefly reviewed some of the uses of fluids in the human economy, and the sources from which they are derived. He said :

Water was considered the most important drink, and various quantities are required by different individuals. It may be drank freely when thirst demands, even during meals, excepting ice water, which should be used cautiously. Gastric troubles and insanity sometimes result from its abuse. The effects of good and bad water were considered. He said that while dirty water is not necessarily hurtful, water polluted with organic matter is highly poisonous. The modes of supply and the means of pollution of different waters was mentioned. Spring water was considered the best for drinking purposes. Shallow wells are always polluted or liable to pollution, in crowded localities, and hence, unfit for use. Rain water if pure, is healthy and pleasant. The danger of sewage pollution was dwelt upon, and the general effects of drinking impure water considered, showing its relation to cholera, typhoid fever, etc., etc. Stimulating and narcotic drinks include distilled and fermented liquors, tea, coffee, and chocolate. Alcohol is the representative agent in distilled and fermented liquors, and is valuable as a medicine. Its effects are modified by temperament, habit, climate, etc. Nervous organisms are most susceptible to its action. Habitual use of strong alcoholic drinks cause fatal affections of various organs, insanity, epilepsy, and alcoholism. It is used in Europe with less baneful effects than in this country, the Southern States tolerating its use better than the Northern. Absinthe ruins the constitutions of those who use it to excess. Young people do not need stimulants, while the aged are frequently benefited by their use. Fermented liquors are more nourishing in consequence of the presence of extract of malt. Alcohol itself was classed as a poison, and its use claimed as always an experiment. The sale should be regulated as that of other poisons. Total abstinence is the safest course. Clergymen, physicians, lawyers and merchants, are the most abstemious classes of society, and live the longest. Tea, coffee and chocolate are the domestic stimulants. Tea is the best beverage for cold climates, and is used by six millions of people. Injurious effects are occasionally observed. Green tea is more apt to occasion unpleasant symptoms. Tea-tasters are rarely affected by it injuriously. Tea should not be boiled too long. Coffee is used with impunity in countries where it is raised. The Southern States allow of its use three times daily, but in Northern States, once a day is all most people can use it. Dyspepsia and nervous disorders are occasioned from its excessive use. Chocolate or cocoa are more nutritious and useful for convalescents, nursing women and children, being generally harmless. Milk is most valuable as a food; the great majority can drink it, and it should be pure and clean. Diseases are propagated by use of polluted milk. Dirty stables cause microscopic fungi in milk which are a source of danger to infants using it. Milk has great powers of absorption and ferments rapidly when mixed with putrescent matter. Clean hard water should be used in dairying operations, and the milk should not be exposed to contagia of disease. Buttermilk is useful as drink for old people and for laborers in the sun. Root beers, mineral waters, etc., are considered good, and spruce beer is healthful. Many of these, however, are unfit for use. Mineral waters are all medicinal and should be prescribed according to the law of similia. Miscellaneous and indiscriminate drinking was to be deplored.

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS.

Sectional meeting convened at 3 o'clock, P. M.

THE BUREAU OF CLINICAL MEDICINE convened at 8 o'clock, P. M., and the Bureau of Psychological Medicine held its Sectional Session at the same hour.

DR. OWENS maintained in his paper that all morbid processes, whether arising from so-called natural causes or artificially induced (drug pathogenesis), except those arising from traumatism, have their origin in disturbed function; and that disturbed function, if prolonged or greatly intensified, will result in exhaustion, and may cause organic change. The Doctor further maintained that drugs acting upon and through the organism, produce uniform results upon every individual, differing only in the degree of susceptibility of the subject, and that to secure its highest value in a therapeutic point of view, every drug should in *all cases* induce "distinct," "definite," and "positive" effects upon every living organism; and claims that we ought to accept only those "distinct," "definite," and "positive" effects of drugs as our therapeutic guides, and thus be enabled at an early day to proclaim at least a scientific basis for the Homœopathic Materia Medica.

The Doctor maintained that the first step toward a scientific Materia Medica was to secure a basis upon which it may be said that drugs as well as so-called natural diseases make their impression, disturbing the organism, and which give rise to disturbed function, or so-called disease.

He claimed that the organic (vegetative or sympathetic) nervous system is the source of all functional power essential to organic life, and that it is the morbific impression made upon this class of nerves that causes the disturbed function, or so-called disease.

The Doctor then undertook to trace function to its origin, and finds that it proceeds from organization, and that organization is the product of innervation, and this of cell genesis from protoplasm, in which alone irritability resides. He maintaines that morbific influences affected molecules rather than masses, and that the subtle and feebler forces of nature are among the most efficient in disturbing her physiological processes. He argued from these premises that we shall be able to deduce an acceptable basis for morbific impressibility, and a source of all morbid processes except those of traumatic origin, and which shall serve also as a basis for a rational and scientific Homœopathic Materia Medica.

DR. H. C. ALLEN of Ann Arbor, Mich., presented a paper on *Viburnum Opulus*, including the provings of eight males, and four females, made with the tincture.

Dr. Allen says the provings verify the clinical indications already recorded, of "spasmodic and membranous dysmenorrhœa; spasmodic dysuria, in hysterical subjects; excruciating colicky pains, through the womb and lower abdomen, coming on suddenly, just preceding the menstrual flow, lasting some hours."

They also indicate a marked action of the drug upon the sexual organs of both sexes, with all the reflex phenomena to be expected, such as the excessive nervousness, deathly nausea, faintness at stomach, profuse flow of colorless urine, and a great variety of symptoms, evidently neuralgic.

The constipation was characterized by an inactivity requiring mechanical assistance to remove the large and dry fæces. *Caulophyllum* and *Cimicifuga rac.*, are claimed as analogues.

American Pædological Society.

The second annual session of the American Pædological Society, was held at the N. Y. Homœopathic Medical College, on Monday June 13, 1881, at 10 A. M. the President Dr. T. C. Duncan, in the chair.

Dr. Lilienthal, in his usual happy style welcomed the society to the city of New York, after which

President Duncan said :—"We are assembled to-day on one of the most important missions that ever brought physicians together. We come to consider some of the causes of the many diseases of children, and the enormous mortality among those under five years of age. Glancing over the statistics of the last census of this and every other country, we are confronted by the fact, sad as it is, that about one third of all the children born, die before they reach the age of five years. In studying the mortuary reports of the principal cities, we are met with the astonishing fact, that about one-half of the total mortality are children under five years. A simple contemplation of these facts is enough to arouse a deeper interest in this subject, and to elevate it into an important specialty. I was very much pleased the other day, in receiving from the Secretary of the educational department of the American Social Science Association, a series of questions bearing on the physical and mental development of the child. I am gratified to know that the physicians of the present era are paying more attention to this matter. It is the duty of the medical and surgical professions to persevere in the good work. If this reform is continued the number of deaths among the little ones will be reduced to a great extent. One of the first steps to be taken is an improvement of the sanitary condition of our great and populous city. There should be especial attention paid to the diet furnished for children."

Dr. W. P. Armstrong of La Fayette, Ind., acted as secretary *pro tem.*

After the reading of the minutes of the last meeting, a draft of a constitution and by-laws was presented. The by-laws provide that the meetings of the society shall hereafter be held annually during the meetings of the American Institute, that applications for membership must be approved by the board of censors, and confirmed by a regular vote of the society ; and that each member shall pay one dollar per annum for the purpose of meeting expenses. The President read an interesting report of a case of *Infantile Eczema*, contributed by Dr. Cranch of Erie, Pa.

Dr. Lilienthal then read an able article entitled, "*Eczema Infantilis : Crusta Lactea,*" in which he gave the etiology, pathology and treatment of the disease under consideration.

Dr. Deschere of New York, followed by reading a paper giving the homœopathic treatment of the disease.

Prof. Wm. Owens of Cincinnati, now opened the discussion, which was also participated in by Drs. Foote, of Stamford, Jones of Taunton, Chamberlain of Worcester, P. P. Wells, Wilder and others.

Afternoon Session.—Remarks were made by Drs. Dayfoot, Armstrong, Duncan, Blodget and others upon the same subject. Believing that there was yet much to be learned on the subject, Dr. Owens moved that it be continued to next year. Adopted.

Dr. Armstrong now opened the discussion on infantile tonsilitis, stating in the course of his remarks that he treated nearly all acute cases with *Mercurius biniod.* and with uniform success, the only exceptions to this treatment being those in which some other remedy was very strongly indicated. Chronic cases required usually, *Baryta carb,, Calcarea carb., or Calcarea iod.*

The subject was ably discussed by Drs. Lilienthal, Dayfoot, Barrett, of Richmond, A. K. Hills and others. Dr. Carleton, of New York, had had uniformly good results during the last two years, from *Guiacum* $\frac{1}{10}$.

Dr. Duncan then opened the discussion in chronic gastro-enteritis. He gave clearly and forcibly the differential diagnosis between this disease and gastritis, acute and chronic ; gastric catarrh, acute and chronic ; enteritis, acute and chronic ; entero-colitis, acute and chronic ; and acute gastro-enteritis. He then cited cases which simulated repeated attacks of cholera infantum, but which he could class under no other head than choric gastro-enteritis. He advocated putting those affected with this disease on the simplest and most infantile form of food. The treatment was then ably discussed by Drs. Hills, Barrett of Richmond, Lilienthal, Jones, of Taunton, Owens, Dayfoot and West.

Dr. Lilienthal next opened the discussion on the cephalic symptoms in capillary bronchitis. He claimed that these symptoms were necessarily present, in consequence of the stasis of venous blood in the brain.

The following officers were then elected for the ensuing year :

President, Dr. S. Lilienthal, of New York; Vice-President, Dr. W. B. Chamberlain, of Worcester, Mass. Secretary and Treasurer, Dr. W. P. Armstrong, of La Fayette Ind. Censors, Drs. Geo. F. Foote, T. C. Duncan, E. U. Jones, M. Deschere, and D. Foss.

The following physicians were elected to membership: A. A. Camp, E. Hasbrouck, W. B. Chamberlain, A. C. Cowperthwaite, W. P. Armstrong, B. M. Richardson, Herbert M. Dayfoot, and J. M. Barton.

Among those present during the day, were Doctors Wm. Owens of Cincinnati ; S. Lilienthal of New York ; Edwin N. Harpel, Canon City; Geo. F. Foote, Stamford; T. C. Duncan, Chicago; W. B. Chamberlain and J. M. Barton, Worcester, Mass.: M. Deschere, New York, H. M. Dayfoot, Mt. Morris, N. Y.; E. U. Jones, Taunton, Mass ; B. M. Richardson, St. Clair Smith, A. B. Norton, S. H. Vehslage, G. F. Oertel, Cordelia Williams, Mary H. Everett, L. de V. Wilder, Amelia Wright, P. J. B. Wait, J. W. Dowling, H. C. Houghton, Edwin West, and B. Carleton, New York; C. H. Parkhurst and P. P. Wells, Brooklyn ; S. H. Smythe, Eugene Campbell, David Foss, Newburyport; I. P. Whitehead, New Jersey; A. C. Cowperthwaite, Iowa City; A. K. Hills, New York; A. R. Barrett, Richmond, Va.; D. B. Hunt, New York ; and S. P. Parchet, Ningpo, China.

SECOND DAY—Wednesday, June 15, 1881.

GENERAL SESSION.

The President, Dr. J. W. Dowling, in the chair.

The following named reported to-day :—Drs. C. S. Middleton, Phila.; H. M. Hitchcock, N. Y.; G. H. Patchen, Burlington, N. J.; V. Thompson, N.Y.; J. W. Hayward, Taunton ; E. W. South, Plainfield ; E. D. Doolittle, Easton, Pa.; W. C. Barker, Waukeegan, Ill.; J. N. Anderson, Hamilton, Ont ; C. B. Fagen, Harrisburg, Pa.; J. N. Tilden, Peekskill, N. Y.; A. E. Baker, Phila.; M. M. Eaton, Cincinnati ; L. B. Wells, Utica, N. Y.; C. Van Artsdalen, Chilton, Pa.; J. R. White, N. Y.; M. Deschere, N. Y.; A. B. Botsford, Grand Rapids ; H. Detwiler, Easton ; J. W. Streeter, Chicago ; Theo. Foote, Vineland, N. J.; A. E. Griffith, Camden, N. J.; W. H. Keim, Phila.; H. Crater, Somerville, N. J ; B. H. Cheeney, New Haven, Ct.; G. C. F. Williams, Cheshire, Ct.; H. P. Shattuck, Boston, Mass.; F. C. Green, Philadelphia, Pa.; H. H. Tinker, N. Y.; C. A. Tinker, N. Y.; John C. Morgan, Phila.; F. Woodruff, Detroit, Mich.; B. L. B. Bayles, Astoria ; A. P. Williamson, W. I.; J. N. Love, Milford, N. J ; J. W. Woods, Holyoke, Mass.; C. M. Lawrence, Port Jervis ; W. F. Edmundson, Pittsburg ; E. N. Harpel, Cain City; J. M. Curtis, Wilmington, Del.; N. R. Seeley, Elmira ; H. M. Bunting, Phila.; J. E. Smith, Cleveland ; Charles Mohr, Phila.; Henry. C. Houghton, N. Y.; J. F. Cooper, Allegheny ; W. A. Phillips, Cleveland ;

D. J. Maguire, Detroit; W. S. Searle, Brooklyn; John Malin, Germantown; W. O. Ruggles, Boston; C. M. Mosher, Easton, N. Y.; A. H. Allen, New London, Ct.; J. P. Dake, Nashville, Tenn.; A. S. Everett, Denver, Col.; P. W. Poulson, Council Bl[illegible], Iowa; D. P. Flanders, Belfast, Me.; C. S. Colli[illegible], Nashua, N. H.; E. L. Wyman, Factory Point, Vt. Massachusetts:—H. P. Bellows, Auburndale; L. A. Phillips, Boston; N. R. Perkins, Winchendon. D. Foss, Newburyport; Rhode Island:—H. A. Whitmarsh, C. L. Green, Wm. Von Gottschalk, Providence. Connecticut:—O. M. Barber, Mystic Bridge. New York:—S. P. and A. H. Burdick; K. S. Stanton; W. H. White; C. H. Moore; J. Butler; S. Lilienthal; E. R. Still; J. M. Schley; E. G. Rankin; C. W. Paul; L. L. Danforth; G. E. Tytler; D. B. Hunt; C. S. Elebash; W. M. Pratt; M. Swift; A. Berghaus; H. Von Musits; B. M. Richardson; W. Peterson; G. H. Taylor; J. F. Land; S. H. Vehslage; J. A. Rockwell; J. P. Ermentrant; W. Y. Cowl; Chas. Deady; J. R. White, of New York City. W. A. Allen, Flushing; M. M. Frye, Auburn; H. M. Dayfoot, Mount Morris; G. R. Traver, Perry. J. L. Watson; G. A. Goewey; B. C. Shenstone; M. J. Whitney; W. S. Searle: E. J. Pratt; Geo. Nichols; P. P. Wells; of Brooklyn. R. A. Adams; A. M. Bennett; G. W. Peer, Rochester. W. M. Butler, Middletown; R. R. Gregg; A. R. Wright, Buffalo. C. D. Welch, Cobleskill; L. W. Flagg, Yonkers; J. A. West, Genesee; A. P. Throop, Poughkeepsie; C. R. Sumner, Rochester; E. G. Kern; W. Eaton; T. P. Birdsall, Wappingers Falls; E. V. Brown, Tarrytown. New Jersey:—C. A. Church, Passaic; J. E. Winans, Lyons Farms; Sarah De Hart. Pennsylvania:—E. A. Farrington, J. C. Morgan, Emma F. Schreiner, M. U. Johnson, Philadelphia; Frank J. Slough, Allentown; Jas. Bayard Wood, Westchester; Jas. L. J. Dunn, Titusville; C. W. Perkins, Chester; M A. B. Wood, Erie; W. H. H. Kern, McKeesport; Wm. A. Hassler, Allentown; Daniel Yoder, Catasauqua; J. C. Burgher, Pittsburg. Washington, D. C.: — Clement Pearson, W. M. Cate. Ohio:—Martha M. Stone, Myra K. Merick, Cleveland; Sarah Henderson, Sandusky; Katherine Parsons, Cleveland. Kentucky:—William L. Breyfogle, Louisville. Indiana:—W. P. Armstrong, La Fayette, Illinois;—J. P. Mills, R. N. Foster, E. H. Trabb, C. H. Vilas, David P. Smith, Chicago. Wisconsin:—Willis Danforth, Eugene F. Storke, Eugene W. Beebe, Milwaukee. Missouri:—Wm. H. Jenney, Kansas City. Kansas:—H. Anna Warren, Emporia. Mexico:—J. Gonzales, Mexico City.

The Bureau of Ophthalmology, Otology, and Laryngology presented the following papers by title:

"Hyperæmia of Internal Ear." By W. H. Winslow, M. D., Pittsburg, Pa.

"Relaxation of Membrana Tympani," by J. H. Buffum, M. D., of Chicago, Ill.

"Kali Phosphorica in Suppurative Otitis," by H. C. Houghton of New York.

"Color Blindness," by C. H. Vilas of Chicago, Ill.

"The papers were received and referred.

Dr. F. Park Lewis, of Buffalo, N. Y., was appointed Chairman for the ensuing year.

The Bureau of Obstetrics reported through George B. Peck, M. D., Providence, R. I., Chairman, the following papers:

"Puerperal Mortality, a Study," by George B. Peck, M. D.

"Hæmorrhage as a Cause of Puerperal Mortality," by Millie J. Chapman, M. D., Pittsburg, Pa.

"Prevention of Puerperal Fever," by C. G. Higbee, M. D., St. Paul, Minn.

The papers were received and referred to the Publishing Committee.

Dr. C. G. Higbee, St. Paul, Minn., was appointed Chairman of the bureau for the ensuing year.

The Bureau of Gynæcology reported the following papers which were presented by title and referred to the Publishing Committee.

"Lacerations of the Cervix Uteri," by Dr. T. G. Comstock, St. Louis, Mo.

"Treatment of Lacerations of the Cervix Uteri," by Dr, Allen of Philadelphia.

"Practical Observations on Lacerations of the Cervix Uteri," by Dr. R. Ludlam, Chicago, Ill.

"Intra-meural Fibro-cellular Tumor of Uterus—Removal," by C. Ormes, M. D., Jamestown, N. Y.

Dr. H. Minton was appointed Chairman of the bureau for the next year.

In the Bureau of Pædology, the following papers on "The Mode of Communication and Treatment of Infantile Syphilis," were presented by Dr. T. C. Duncan, acting chairman of the bureau.

The papers were prepared by Drs. W. A. Edmonds of St. Louis Mo., W. H. Jenny, Kansas City, Mo., J. C. Morgan, Phila., Pa., and T. M. Strong, Allegheny, Pa. Papers received and referred.

Dr. A. K. Hills was appointed chairman for the ensuing year.

The invitation of the New York County Society was reported favorably by the Committee, and Friday evening appointed as the time for the reception, at such place as might be agreed upon.

Reports of delegates from the various State and County medical societies and clubs were presented and accepted.

Dr. P. Dudley, Chairman of the Committee of Medical Literature, presented a report which was received and referred.

Delegates from hospitals and dispensaries, medical colleges and journals, presented reports, which were accepted and referred.

Adjourned.

SECTIONAL MEETINGS.

The Bureau of General Sanitary Science, Climatology and Hygiene—(*Continued*).

Bushrod W. James, M.D., Philadelphia, Pa., Chairman, opened the sectional meeting, and presented the papers of the bureau:—

Dr. James took up the subject of "Traps and Sewage," illustrating the subject by numerous diagrams, bringing out the defects found to exist in the traps commonly used, taking the ground that sewers should be thoroughly ventilated. He also referred to the subject of the disposal of garbage in cities.

Dr. A. R. Wright, of Buffalo, read a paper on "Hygiene of Occupation," in which he only noted the occupations found to be injurious

The paper was composed principally of practical notes pointing out the dangers of the occupation mentioned, and any known indications for relief.

Among those mentioned were the following, some of which have not been publicly noticed before.

Of those affected in lungs from breathing dust, was first *shouters* at grain elevators. When the arrivals of grain at any grain depot, as Chicago, Buffalo, etc., are heavy, high wages tempt the shouters to work sometimes sixty or seventy hours continuously, in this thick dust of grain, eating but little, and keeping up strength on bad whiskey. Broncho-pneumonia is the effect, sometimes resulting in chronic bronchial catarrh.

Grinders' disease, which occurs to needle polishers, file cutters, pin pointers, etc., etc., may be partially relieved by either moistening the stone or by apparatus for carrying the dust out of the room.

Workers in Arsenic, white lead, etc., were noted. He had not before seen public mention of the bad effect on

the lungs of moulders from the frames of black lead used to give a smooth surface to the casting.

Cotton operators' lung disease was noted at length. The extended use of machinery in the country relieves the operations of nearly all injurious effects. Mention was made in detail of a large class of workmen such as sailors, dyers, engineers, etc., etc., whose work exposed them to storm, dampness or sudden changes of temperature.

Sewing machines were noted as being the cause of pains in the loins and back, uterine displacements and menstrual derangements, chronic ovaritis, etc. The prevention is in the using some other motor than the muscles of women unaccustomed to hard labor.

The sciatica of engineers, and the spinal diseases of conductors on American railways were referred to as diseases becoming prevalent, but on which we have no statistics as yet to prove their frequency.

The paper concluded with a reference to men of sedentary habits whose occupations are usually considered detrimental to health and longevity, while the facts are that the real brain-workers such as presidents and professors of colleges, teachers generally, journalists, authors, lawyers, etc., who have regular brain work without undue excitement, and with proper regard to hygienic laws, are as healthy and long-lived as any other cases.

It is the speculator who suffers most from brain work. The business man, especially in America, where opportunities for money making are great, suffers also, but more from worry than from real work. He assumes undue risks and responsibilities, and then worries over the result.

Dr. L. D. Morse, of Memphis, Tenn., read a paper entitled "Personal Hygiene, as to Clothing Worn."

The author in introducing the subject stated in substance, that in the struggle for existence *clothing* constitutes one of man's defensive weapons; and as such should be as effective as possible; in this matter, however, the laws of fashion are more frequently obeyed than those of health. As society is now constituted it will be a long time before the ideal of the hygienist will be reached as regards wearing apparel; meanwhile, however, much may be done to disseminate sound principles among those seeking comfort and health in spite of the edicts of fashion.

In the consideration of this subject the important points are, relative temperature, dryness and moisture of the body, in connection with these same conditions of the surrounding atmosphere.

Health is to be preserved only by the maintenance of an equible temperature, transpiration of moisture, and access of a proper amount of air to the surface of the body.

It is the chief object of clothing, from a sanitary point of view, to retard the escape of animal heat, and thereby prevent too sudden cooling of the body.

Garments composed of woolen material are pre-eminently the most suitable. Having the best non-conducting qualities they more effectually conserve the heat of the body in winter and modify the absorption of heat in summer. Woolen, also, by its quality of allowing the perspiration to pass through, is the best material to prevent a chill by the sudden cooling of the body. The fact was mentioned that the rate of mortality in the British Navy had greatly diminished since woolen clothing has been worn all the year round in every climate; and the opinion was expressed that in our variable climate woolen will be found to be the most suitable article of clothing to be worn a greater part of the year.

Color was spoken of as an important factor, particularly in connection with the absorption of luminous heat, black clothing having the quality of taking up more than twice the amount received by white garments. Red flannel, however, has no advantages over any other color; but it is not surprising that in these days of liver, stomach, lung and kidney pads that "medicated flannel" should be offered a confiding and easily deluded public.

Fabrics loosely woven, by retaining a larger amount of air in their meshes, are better non-conductors of heat. Those so closely woven as to effectually prevent the passage of strong light, are unsuitable for underclothing.

The author referred in detail to the importance of wearing clothing which allows free access of air to the surface of the body; the desirableness of avoiding constriction about the neck by the clothing; the support of underclothing from the shoulders; the perils of tight-lacing and of tight garters; badly fitting or too small shoes, having too narrow soles and too high heels; too close and ill-ventilated hats; too great an amount of covering about the throat in winter; the frequently uncalled for use of so-called chest protectors; the proper amount of clothing for each individual; and closed a thoroughly practical and suggestive paper with words of sound advice and timely warning against the foolish and harmful custom of pushing the process of hardening young children to an unreasonable and dangerous extent, often even to a degree "which would not be tolerated by the hardiest savages of our western plains."

Dr. H. W. Taylor, of Terre Haute, Ind., presented a paper designated by title, "The Hygiene of Foods; an Experiment"—in which is minutely described an extended series of accurate observations, showing the results of an almost exclusively meat diet; strictly speaking, a *proving of animal food.*

It is claimed by the author substantially that, the separation of certain substances into *foods* and *medicines* is an arbitrary classification which has no logical or scientific basis; that in chemical constitution, inorganic construction or physio-pathological effects, food and medicines have no distinguishing peculiarities which would not also divide individuals into classes; that it is a fruitful source of error to regard foods as uniformly harmless, even when no manifestations of disturbed function follow upon their ingestion.

The author having thus introduced the subject, proceeds to give in detail a description of the carefully conducted proving and its results upon himself.

The trial commenced May 10th, and concluded September 10th, 1877. An accurate daily record was made of the weight (at first 220 pounds), pulse, temperature, respiration and urine. Seven and a half ounces of bread, and, at first, three and a half pounds of animal flesh, afterward increased to four and then to five pounds, were consumed daily.

The results were, briefly: decrease of weight from 220 to 182 pounds; increase of pulse from 68 to 78; increase of respirations from 16 to 21; increase of urine from 36 to 56 ounces; and increase of specific gravity from 1019 to 1026.

One point of special significance was the large increase of the amount of urine (40 per cent.), and, at the same time, a decided increase of its density.

Another, and even more important feature, one which abruptly brought the proving to a close was, frequent and severe attacks of acute laryngitis, closely resembling catarrhal croup, and threatening entire loss of voice.

The condition summarized was: obstinate constipation, following primarily, bilious diarrhœa, which was troublesome for two weeks at the outset; attacks of laryngitis with swelling of the glands of the throat, threatening loss of voice, and attended with great prostration. The attacks were of from four to eight days' duration and occurred four times in the four warm months of the year.

On the 10th of September the meat diet was abandoned, and other vegetable articles of diet were substituted. In ten days the weight had increased eight pounds; the pulse had decreased from 78 to 70; the respiration from 21 to 16; and the urine from 56 to 30 ounces, and a decrease of density to the normal standard.

The conclusions at which the doctor arrived were: That the whole of the animal food eaten had been excreted by the kidneys, involving those organs in an

enormous amount of extra work. There was a loss of seventeen per cent. in weight, while seventy-five ounces of beef, or other animal food, were consumed daily. This was followed by a rapid increase in weight on resuming a vegetable regimen only.

This experiment proves that, at least in the case of the doctor, decided non-assimilability of animal food to such a degree that he no longer depends upon it as an article of food. He now regards it in the light of a drug, to be applied in accordance with symptoms and conditions indicated by this series of observations.

The conditions for which he now recommends a meat diet are:

1st. Bilious diarrhœa, without pain, coming on early in the morning, followed by obstinate constipation.

2nd. Attacks of acute laryngitis, identical with catarrhal croup in children.

3d. Somnolency after meals, with wakefulness in the after part of the night, dull headache, great irascibility, anxiety, and tendency to melancholy.

4th. A species of narcosis, characterized by flushing of the face, somnolency, with dull sleep, and stertorous breathing; and, as a secondary effect, wakefulness toward morning.

5th. An unhealthy condition of the skin, manifested by pimples, boils, and dark discolorations, particularly on the hands and face.

The author concluded with the probable inference that, inasmuch as tuberculosis, pleuro-pneumonia, scarlatina and measles *originate*, and frequently occur, in animals used for food, these diseases may be directly communicated by the ingestion *of imperfectly cooked* animal flesh; hence, we are justified in excluding the use of meats from the dietary on hygienic grounds.

Discussions being in order, Dr. N. R. MORSE, of Salem, Mass., inquired as to the merits of surface sewerage, and whether sewers could not be used for telegraph wires.

Dr. GEO. M. OCKFORD replied that there would be less obstruction to the wires if placed under ground.

Dr. LUKENS, Cleveland, Ohio, admitted that the general sewerage system was imperfect, and that perhaps nine-tenths of the systems are imperfect, and that houses are not well protected from sewer gas. A perfect sewer main should have a perfect gradient—such a gradient that the fluids would be cleaned out at all times; there being a self-scouring process. That gradient should be at least 9 to 1,000, on condition that the sewer was perfectly straight. The sewer should also be ventilated. The subject of traps was also referred to.

Dr. WRIGHT, of Buffalo, gave the reason why it was necessary to have a sewer larger than sufficient to carry off the ordinary sewage, because of the combining of two objects—that of carrying off the rainfall, and the waste from houses, etc.; the rainfall often taxing the sewers to their greatest capacity.

Dr. JONES favored the division of the sewerage into surface and waste.

Dr. S. M. CATE spoke of the change in the bottom of large sewers of the deposit undergoing putrefaction and fermentation. The gas from this mass could be kept out of houses by proper traps, and the use of a small pipe that can be flushed at frequent intervals.

Dr. WM. M. CATE, of Washington, discussed the subject of Traps, and thought they were all worthless, and that the best traps were defective.

Dr. N. R. MORSE thought that the system used in Memphis was a good one.

Drs. Wright, of Buffalo; Wm. M. Cate, of Washington; Lukens, Cleveland, O.; N. R. Morse, Salem, Mass.; Spalding, Farnsworth, Fisher, Montreal, Canada; S. M. Cate, Salem, Mass.; and Dake, Pittsburg, Pa., took part in the discussion.

TUESDAY EVENING.

The BUREAU OF PSYCHOLOGICAL MEDICINE held its Sectional Meeting at 8 P. M., Dr. T. L. Brown, Chairman.

A paper was read by Samuel Lilienthal, M. D., New York, on "The Relation of Pulmonary Phthisis to Insanity."

An extended discussion was had, in which Drs. Fisher, Montreal, Canada; Lilienthal, New York; Thayer, Boston; S. M. Cate; Mitchell, Chicago; S. R. Beckwith, S. S. Guy, H. E. Spalding, S. M. Morrow, Ohio, Korndoerfer, Philadelphia; Owens, Cincinnati; Dudley, F. R. McManus, Baltimore, Md.; Wood, Westchester, Pa.; N. R. Morse, Salem, Mass., and Jenney took part.

Dr. BROWN took the position that the elemental relations of matter, as given in physiology, is the foundation of cure in the treatment of the insane.

Dr. GEO. F. FOOTE read a paper on "MANIA-A-POTU." The Doctor's love of reform in his specialty was ably sustained in his paper, with matters of fact worthy of consideration. The argument is that all stimuli, all narcotizing substances, be it whisky or any form of alcoholic drink; be it opium or tobacco; be it tea or coffee, or irritating condiment, is to retard the metamorphosis of tissue. The constant change is a functional requisite for a healthy existence. By the process of a healthy digestion and assimilation there is a solution of continuity in the food taken as aliment, without chemical combination. The dissolving processes are controlled exclusively by the vital force, the resolution taking place without putrefaction. This power continues over assimilated matter so long as it remains in an organized state, furnishing the elements of nerve power and physical energy. But when matter has performed its use in this state, and has given off all its sustaining energy, it is changed into excretary matter and becomes subject to chemical combinations, and should, therefore, be thrown out of the system before becoming offensive.

Now, then, as vital force depends upon the presence of nutritive matter recently assimilated, it follows, then, that anything that retards the metamorphosis, leaving old matter occupying the space and relations of that which should be new—anything that delays the excretary functions—must be abnormal.

Stimulants, irritants, and narcotics do this. They have a primary and a secondary effect. The first is an exalted and exhaustive production of nerve force, with a retarding effect upon the excretary functions. The second is the opposite of this—a general relaxation and expurgation of excretary matter. And in delirium tremens the flood-gates are opened. The breath, the perspiration, the urine, and alvine evacuations, are all charged with a putridity highly offensive, showing chemical combinations. Nutrition being at fault, the waste is greater than the supply, and without relief the patient dies from inanition. Literally starves to death, with all the delirium and suffering, as from the absence of food.

Homœopathic remedies are particularly effective in relieving this class of diseases, the mania subsiding in most cases, where they are the first and only medicines given, within a few hours; in striking contrast to the allopathic practice, with its Bromides and Chlorals, which continue days and even weeks, or ends in articulo mortis, etc., etc.

Two cases reported.

The discussion was quite animated and closed at a late hour. It was chiefly taken up in giving a definition of insanity.

BUREAU OF MATERIA MEDICA.

The chairman, Dr. A. C. Cowperthwaite, presented the following papers: "Provings of Papaya Vulgaris." "Viburnum Opulus," "Caladium Seguinum and Linaria Vulgaris." Also: "Clinical Experience with Viburnum," by Dr. Wm. Owens. "Fragmentary Observations on the respective Provings," by Dr. A. C. Cowperthwaite." "Mode of Action of Drugs," by Dr. Wm. Owens; "Confirmed Symptoms," by Dr. E. A. Farrington; "Physiological Materia Medica," by Dr. E. A. Farrington.

The chairman stated that though many attempts had been made, yet but few trustworthy symptoms had been obtained from the drugs subjected to test. The tinctures, especially of *Papaya* and *Caladium* either failed, or produced unimportant symptoms, while potencies of the same caused useful symptoms.

He then proceeded to give an outline of the pathogenesis of the drugs under consideration;

Papaya Vulgaris caused, in brief: mental activity and conversely, depression; headache, coryza, scanty burning urine, depression of sexual desire, with flaccid organs; nocturnal emissions without dreams; hoarseness in the evening; languor, muscular debility. Marked skin symptoms were: itching all over; red points like acne; eruptions in bends of knees.

Caladium Seguinum was essayed by 95 provers, only a dozen or so of which obtained symptoms. It caused mental confusion, vertigo, pressure in temples, dull aching in posterior of eyeballs, lids red; diarrhœa followed by burning at the anus; sexual desire increased; two hard emissions without dreams; cramp in the uterus every night after 12 P. M.

Viburnum Opulus was proved by six or seven under Dr. Hawkes, and as many more under Dr. H. C. Allen. It causes irritability, vertigo, dull headache, constant nausea; (5 provers.) Costive; urine increased; menses increased, too early and clotted, jelly-like; thick white copious leucorrhœa. Many provers, as well as patients, noticed that the menstrual period passed with less pain than usual.

DR. H. C. ALLEN remarked that this relief was not permanent, though Dr. Wm. Owens differed, claiming that he had observed years of respite following its use.

DR. E. A. FARRINGTON, in his paper on "Confirmed Symptoms," offered confirmations of symptoms of *Zizia aurea, Alcohol, Uhlorine, Muriatic Acid* and *Ferrum Jodatum*. *Zizia* cured chorea with twitchings *during* sleep. *Ferrum jod.* cured sensation of bearing down in the uterine region, with a sensation on sitting as if something sore was being pushed up. (See Provings in Transac. Penna. Soc, 1878.)

DISCUSSION.

Dr. T. F. ALLEN corroborated the remark of the chairman in regard to the action of large and small doses of *Caladium seg.* I get nothing worth reporting from the use of the tincture, but from the 6th, 12th, and 30th attenuations I obtained some observations worthy of record. He thought that *Papaya* contains a sort of ferment, and that the futile attempts to produce symptoms with the tincture, showed it was not a poison.

In regard to action of *Papaw* upon meat, spoken of in Dr. Hale's paper, experiments have shown that this statement was substantially correct; it does soften meat fibre and disintegrate muscular tissue in dead animals. The pathogenetic action is said to be due to a ferment rather than to any poisonous properties of the drug itself. If the action on meat was due to a deeply penetrating destroying action, we ought certainly to have obtained some effects from the tincture.

Dr. LILIENTHAL: In the latest German journals I see *Papaine* or *Papayin* is regarded simply as a vegetable *Pepsine*, and used with benefit in dyspepsia. One physician used it with excellent results in dyspepsia where *Lacto-pepsine* and other means had failed.

Dr. FARRINGTON: I would call attention to one point, and that is in regard to Hahnemann's use of primary and secondary symptoms. It is true Hahnemann did teach that the primary symptoms were the most important, but in his later writings he adopted secondary symptoms just as freely as the primary.

Dr. ALLEN: I always supposed the lowest forms of vegetable or animal life to consist simply of more or less structureless protoplasm; in higher forms we have simply an agglomeration of masses of protoplasm; in the highest we have connecting links thrown out—namely, nerve filaments.

Dr. CHASE wondered if, in the making of the so-called high potencies, we did not get a potentized form of alcohol.

Dr. OWENS thought the action of medicine lay in the vegetative nervous system, and that all functions depended on the integrity of the solar plexus and its branches. If you disturb the functions, or rather the filaments, of this nerve supply, the animal ceases to exist, so far as this part is concerned.

Dr. ALLEN thought the question of spiritual essence, in which he was as firm a believer as any present, did not come into the study of the disturbance of functional life.

Drs. GUY and FARRINGTON thought there was something beyond the structureless protoplasm that was not destroyed, nor was it affected by drug matter.

Following the reading of Dr. W. OWENS' paper on "Drug Action," in which the writer claimed that drugs acted on the protoplasm, quite a warm discussion ensued.

Dr. GUY, of Brooklyn, regretted that the paper seemed to ignore any higher life than that which is physical. He thought that there was an unfortunate tendency towards materialism in this discussion, and hoped that more attention would be paid to the spiritual side of the subject.

Dr. E. A. FARRINGTON wished to protest against the term protoplasm. He did not deny that this substance is plastic, but it is not *proto*-plastic. He believed that there was a world of matter beyond this structureless protoplasm. He cited Lionel Beale, who differs with his atheistic colleagues, and declares that there is a Designer back of the protoplasm, and hence it is not the beginning of life.

Mrs. Dr. JOHNSON was sorry that Dr. ALLEN did not believe that drugs can affect the spirit. She had a theory based on such an admission.

Closed.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

THE FIFTH ANNUAL SESSION

Tuesday, June 14th, at 3 P.M.

The fifth annual session of the American Homœopathic Ophthalmological and Otological Society was convened in the parlor of the Hotel Brighton, July 14, the President, Dr. W. A. PHILLIPS, occupying the Chair.

Dr. F. PARK LEWIS was in his position as Secretary.

After an interesting and thoughtful address from the President, it was decided that the printed order of business should be followed, except that papers from absent members should be read only by title.

The reports of the Secretary and Treasurer were accepted, the latter showing the finances of the society to be in a healthy condition.

It was moved and adopted that the name of Dr. F. Park Lewis should be presented to the President of the American Institute of Homœopathy, with the request that he be appointed to the Chairmanship of the Bureau of Ophthalmology and Otology in the Institute for the ensuing year.

The society being entitled to represention in the Institute, the President appointed, as delegates, Dr. H C. Houghton, Dr. Geo. S. Norton and F. Park Lewis.

A paper, by Dr. G. S. NORTON, on the "Use of *Jaborandi* in Affections of the Eye," developed some exceedingly interesting clinical facts. The sphere of action is largely on the accommodative apparatus, and the remedy has been wonderfully efficacious in relieving annoying asthenopic symptoms. In the discussion following the paper, several of the gentlemen present were enabled to endorse the Doctor's statements, from

their own practice. Dr. Buffum had also found it of value in anæsthesia retinæ. A prominent indication for the remedy seemed to be nausea from using the eye—either in doing fine work, or in seeing moving crowds.

A paper read by Dr. J. H. BUFFUM on "Aural Nausea," elicited considerable discussion. The neural anatomy was largely considered, and the etiology of this unusual and interesting condition entered upon in detail. Several of the members had noticed the difficulty in practice.

Dr. HOUGHTON'S paper treated of the "Lay Use of Cotton as an Artificial Membrana Tympani." In a case cited a roll of cotton had beed used by a patient, who had a large perforation of the drum-head, preferably the cotton pellet. Great benefit to his hearing followed, as long as it was retained in position. He moistens the cotton slightly with glycerine. In discussing the case Dr. NORTON stated that he had used with the greatest benefit an impalpable powder of *Boracic acid* in suppurative otitis media—the powder being placed in the ear on a cotton pledget after the purulent secretion has been thoroughly removed.

W. A. PHILLIPS, M.D., of Cleveland, Ohio, gave the following "Notes on the Clinical Use of *Gelseminum* in Hyalitis and Serous Choroiditis," as follows:

For obvious reasons the proving of any remedy having a profound effect upon the system cannot be carried to the limit of its action upon the tissues of the eye. Hence it is, frequently, that in the physiological disturbance produced, we get little more than a mere hint of what the drug is capable of accomplishing by way of inducing pathological change.

In view of this fact, it occurs that a group of symptoms verified by intelligent observation, gives the most trustworthy testimony respecting the value of those symptoms; and the larger the number of symptoms developed by any remedy that can be useful by clinical study, the greater and more definite our knowledge of the curative application of that remedy. The absolute merit, however, of provings and of clinical observation cannot be accurately estimated; their value is relative, and each may corroborate the other, and thus supply what either may fail to establish. But given as a basis, a carefully conducted proving and its true complement is to be sought in a skillful, accurately recorded, clinical experience. In *Gelseminum* we have one of a class of remedies requiring repeated observation in order to determine its curative range, as the provings furnished do not afford conclusive evidence of what its clinical use promises.

It has been shown by experiment that the primary action of *Gelseminum* is upon the cerebro-spinal system, and that it affects other tissues secondarily, or only through a profound and protracted influence exerted upon the centres first attacked. Upon this ground it would be fair to conclude that if this remedy affected the eye at all it would tend to produce changes of a marked neurotic origin. This, as we would expect, is especially exhibited by the provings, in the paretic condition of the lids and the iris, while the sudden and almost total, but not long continued blindness, I have noted, in persons very susceptible to it, indicates that the optic nerve on retina may also be more or less paralyzed by its administration.

Now, in serous choroiditis and plastic hyalitis, both having substantially the same origin, there is unquestionably developed as the initial step of the inflammatory process a distinct neurosis, which may or may not be so pronounced as to lead to an increase of intra-ocular tension. The vitreous humor being itself destitute of blood-vessels and nerves, deriving its nutrition from the ureal tract, has not probably the power of originating or sustaining a distinct inflammatory action—at least it is not established that it has. Hence in all idiopathic inflammatory action, it is reasonable, or permissible, anyhow, to refer the seat of the changes in the vitreous to the ciliary processes or to the choroid proper. It is believed that in idiopathic serous choroiditis the original disturbance is in the nerves, and is not mechanical—the changed relations of the parts performing the functions of secretion and excretion, being a result of previously diseased action and not a cause. This being true, we can see at once the correspondence of the disease and the drug. It is, therefore, in those cases having an undoubted central and not peripheral origin that *Gelseminum* is especially adapted. Not to cases in which the cloudiness of the vitreous, circumscribed or diffuse, is due to such peripheral causes as straining of the accommodation, long exposure to bright light, injuries, or to sclerotico choroiditis, hereditary or acquired.

Here is a sphere of action where *Conium* is far superior to *Gelseminum*. In *Conium* cases the accommodation is much disturbed, even to dizziness and nausea, as if sea-sick; the symptoms are variable, and with the one exception of headache, the subjective symptoms in and about the eye, such as heat, pain, discomfort, sensitiveness to light, are all more marked than in *Gelseminum*. *Physostigma* differs from each in being more applicable in cases of tonic spasm of the ciliary muscle and those disturbances attending slowly progressive myopia; while *Jaborandi* is of great service in rapidly progressive myopia, or in myopia of any grade attended by annoying irritation of the eye, which supposes heat, pain, conjunctival injection, lachrymation, photophobia, together with troublesome asthenopia. Though *Gelseminum* is to be regarded as even more limited in its range of usefulness in affections of the interior of the eye than either *Conium* or *Jaborandi*, it is yet to be prescribed with confidence that it supplies a place in the therapeutic field which no other remedy can do equally well; and that place is in the diseases already named.

Having determined as a physiological basis, that the origin of the trouble is neurotic, or even without apparent cause; that the symptoms develop slowly; that the impairment of sight is mostly, if not entirely, due to choroidal effusion; we are next to look for the symptomatic indications, the most prominent of which are, 1, A dull pain in or about the eye, extending all of the time, or periodically, or finally, to the back of the head, and ameliorated by hot applications but not by cold. 2. Impairment of vision gradually developed and not characterized by sudden changes, either for the better or the worse. 3. Heaviness of the lids. 4. Inability to accommodate the eye quickly for varying distances. 5. The asthenopic symptoms not marked by great irritability of the eye; but resulting from an evident want of tone or energy of the muscular structures—in other words, a passive asthenopia rather than active. 6. In general, a feeling of depression, lassitude, which is not relieved by food or stimulants.

Dr. E. H. LINNELL, of Norwich, Ct., presented a paper based upon the examination of seven hundred children for errors of refraction, and the results were arranged in eight tables classified as follows: Table I. Race; Table II. Sex; Table III. Age; Table IV. Refraction; Table V. Refraction and Sex; Table VI. Refraction and Age; Table VII. Refraction and Race; Table VIII. Degrees of Refraction.

In each table both the whole number and the percentage was stated in every instance. The estimates were very carefully made, and great care was used in the examinations to avoid all sources of error. For this reason degrees of anomalous refraction lower than 1.48 were disregarded, as being not altogether reliable. The proportion of defective vision was thereby slightly lessened, but this was thought more desirable than an over-estimate.

The following conclusions were drawn from this tabulated statement. 1st, A majority of American children were examined, and the next most numerous race represented was the Irish. The proportion of boys and girls was about equal. Only a trifle more than 50 per cent. of

the whole number had normal vision. Hypermetropia occurred, on an average, nearly three times as often as myopia. More than ⅔ of the whole number were hypermetropic and 11½ per cent. myopic.

A larger proportion of girls than of boys had defective sight. 35.59% of the former were hypermetropic, against 26.58% of the latter. As regards myopia the percentage was respectively 14.12 and 8.95. The examinations were necessarily confined to the younger scholars, the ages varying chiefly from 7–16 years, but, nevertheless, the conclusion was very evident from even *these* statistics that the present systems of education, where the children are sent to school early, and required to use their eyes for close work many hours a day, tends to both produce and aggravate the already existing near-sightedness. It is generally conceded that close application during youth, strong efforts of accommodation, a stooping posture and strong convergence, are the principle causes of the progressive increase of myopia which is so frequently observable, and also that originally emmetropic eyes under such influences may become myopic.

All of these factors being present to a greater or less extent in our schools, the great importance of a proper understanding of the nature and causes of the anomaly and its dangers, on the part of teachers and scholars, was urged, and also the exercise of all possible precaution in of the lighting of school rooms, and in the child's habits study.

II.—COLOR BLINDNESS.

Holmgren's method of examination and classification where followed with the following results: Thirteen out of the whole number (674) had imperfect color sense in varying degrees. The usual difference was noticed between the boys and girls in this respects; 56 per cent. of the girls being color blind, against 3.43 per cent. of the boys. Six cases of red blindness were found against four of green blindness. There seemed to be no relation between the color sense and the refraction. Holmgren's classification was followed, but was found arbitrary and unsatisfactory. To illustrate the inaccuracy of such a minute subdivision, a comparison of the mistakes made by the various individuals was given, from which the following conclusions were formed, viz.: That "while some data were found for such a minute subdivision of color blindness, the method seemed on the whole arbitrary and unsatisfactory, especially with those exhibiting the slighter degrees of this defective color sense." While, moreover, much difficulty was experienced in finding decided contrasts between the two groups of red and green blindness, they exhibited many points of similarity. The peculiarity of both seemed to be a want of sharpness in distinguishing quiet and little saturated colors, and a special lack of perception of the true nature of red and green, and the appreciation of the difference between them. While slight differences in the vision of the various color-blind individuals were noted, they were not marked or decided enough to admit of a separate classification into red and green blindness, but the designation of red and green blindness applied to each group was considered more satisfactory.

Further research seems necessary, it was thought, to determine the physiology of color perception, and the anatomical or pathological basis of the defect.

The Society then adjourned to 8 P. M.

8 P. M. Dr. PHILLIPS again in chair.

Paper read by Dr. E. W. BEEBE on "Ex-ophthalmic Goitre." The Doctor believed the only rational treatment was based on the totality of the symptoms in conjunction with proper hygienic surroundings.

Dr. NORTON believed the most valuable remedies to be *Amyl nit.*, *Badiaga*, and electricity. *Lycopus* has never been of the slightest apparent use to him.

Dr. T. F. ALLEN had cured three undoubted cases of ex. goitre. The remedy for the first was *Amyl nit*—by olfaction; for the second, *Arsenicum*, after *Iod.* had failed.

On motion, the Society adjourned to Wednesday morning, June 15th.

EXCURSION.

The excursion tendered by the President on Wednesday afternoon was a most enjoyable and pleasant affair. The delightful sail up the harbor and through Hell Gate, interspersed with lunch, the most cordial sociability, and plenty of good music, made the trip to the Homœopathic Hospital, W. I., an event long to be remembered. There the company was met by the medical officers of the Hospital, and Dr. Egbert Guernsey, President of the Medical Board, made a most felicitous welcome greeting, as follows:—

Fellow members of the American Institute of Homœopathy. It gives me great pleasure on behalf of the Commissioners of Charities and Correction, of the City of New York and the medical board of this institution, to extend to you all a cordial welcome to the Homœopathic Hospital, Ward's Island. The three great charity hospitals of New York, for the treatment of general diseases you have seen this afternoon. On your left, as you glided along the great artery of commerce of the metropolitan city of the world, at the foot of Twenty-sixth St. you saw Bellevue Hospital with its eight hundred beds; on your right, as you pass Blackwell's Island, rose the massive stone walls of Charity Hospital with its one thousand beds, and now you stand at the open vine-covered porch of the Homœopathic Charity Hospital, Ward's Island, with its six hundred beds. All of these hospitals are filled with the sick poor of that great city, the throbbings of whose mighty heart you can distinctly hear, and whose humanity has founded here a refuge for its homeless and destitute. They are all under the control of the same Commissioners, are fed and clothed from the same store house, but each has its distinct and separate medical board and medical treatment. As it is the aim of the authorities to distribute the patients impartially, to each its pro-rata, we find ourselves standing side by side with the old school, with its boasted science and its long training in hospital wards On this great battle ground of hospital practice, with none of the surroundings of wealth, treating the poor and the starving, asking for and receiving no favor, we point with a feeling of pride to a record of cures greater than any other of the city hospitals, a less death rate and a less per capita expense. This institution, with its noble work, its splendid record, a record, which, as time rolls on we hope to make more worthy of the great truths which we believe revolutionize hospital practice and stamp with the seal of experimental truth our claims for the new school.

Several years ago one of our number, whose memory is honored and revered by us all, a pioneer in our school, as he passed from his noble work to a higher sphere of duty, dropped his mantle upon the shoulders of his son, bidding him work for truth and progress. That son, Dr. A. P. Williamson, I now introduce to you as our Chief of Staff.

Dr. WILLIAMSON then introduced, and welcomed his guests to the hospitalities of the Institution.

Dr. DOWLING said, that as he found himself in the double position of host and guest on the present occasion, he would call on Dr. W. L. Breyfogle to respond in behalf of the Institute. Dr. Breyfogle responded by thanking the Medical Board, and through it the Commissioners of Public Charities and Correction of New York City, for the generous reception which had been accorded on this occasion.

After inspection of the Institution, the guests were entertained upon the lawn with most delightful vocal music, which was kindly volunteered by some gentlemen and ladies present.

The return trip was made in the delicious atmosphere of evening, during which a banquet was served, and enjoyed by all present, with more music. All agreed that the event was one long to be remembered.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

H. I. OSTROM, M.D., said in regard to "Conservative Surgery," that man's mind, in passing from the concrete, which is his first cognition, to the abstract, reaches some marked days of evolution, which serve as a vantage ground from which to review the past and trace the future. These epochs of thought are valuable, for they allow time to perfect the knowledge acquired up to that period, and through possession of this perfect knowledge is strength gained. * * * * One is liable to think that his life-work has been a failure, if it has not accomplished all that he had hoped; but if his efforts have been true and in earnest, his work will live, and posterity will reap the benefit. * * * * Surgery has passed through many struggles, and many years of obscurity, but each epoch reached has accomplished something, and each man's earnest work has made its impression upon the general practice. Progress has continued, and this is made by men in advance of contemporaneous thought; by men whose reasoning cannot be followed by the masses; and, therefore, this advance guard are called dreamers. * * * * Every instrument and operation which are now considered the glory of surgery, has been bought by persecution and neglect, and their abuse; reactionary influence will always follow extremes; that which had been discarded, will be lauded to the skies; that which has been held up as the healing serpent, will be dragged in the dust; the scientists must be guided by reason, not by a favorite ism. The evolution of surgery has tended toward conservatism, towards the substitution of milder means, for those harsher methods which obtained in the earlier days of this art. This is true because of two reasons. *First*, With increased facility of action comes conservation, in relation to both the active and passive principle. *Second*, The self poise of education and culture furnish the power to await the action of agents not wholly material in nature, and to trust in the power of a spiritual force. * * * * But it is a mistake to believe that the conservative surgeon is opposed to the use of the knife; when other means have failed, none should be more ready and bold to act than he; but his conservatism is found in a nice balancing of judgment, which comes only with education and advanced thought. * * * Surgery will advance in proportion as the knife becomes less *necessary to the saving of life*, and when the satisfaction felt in an operation gives place to an equal satisfaction felt in a conservative cure. The following cases illustrate the conservative methods of treatment.

CASE 1. FRACTURE OF THE COCCYX, OF TEN YEARS' STANDING, WITH SEVERE COCCYGEAL NEURALGIA.—The patient, unmarried, about 40 years old, fell, causing fracture of the coccyx, when about 25 years old. The fragments united at an acute angle, with the extremity of the bone directed towards the rectum. The aggravation of pain, which involved the entire spine, was upon rising from a sitting posture, and upon beginning to move. *Causticum* effected a cure. The position of the bone, of course, remains unchanged, but the pain and soreness have been removed.

CASE II. FRACTURE OF THE FOURTH METACARPAL BONE.—A young man, by striking with the doubled hand, fractured the fourth metacarpal bone of the right hand. After the swelling had subsided, he continued to use his hand for two weeks. Then the fragments moved freely in the provisional callous. The hand being useful, and there being unwillingness to the application of a splint, he received *Symphytum off.* night and morning. In one month the bones had united firmly—he continuing at his work, stone cutting, during the cure.

CASE III. SINUSES AND CHRONIC PERIOSTITIS OF THE FEMUR, OF THIRTY YEARS' STANDING. — The disease had existed for thirty years, in a gentleman between 45 and 50 years old. It had been operated on several times, and pieces of bone removed. One sinus remained. This we also operated upon, but with negative results. After the last operation, performed by a prominent allopathic surgeon, the condition was greatly aggravated. Five sinuses remained, each leading to the bone. The knee was acutely fixed, very sensitive, and much swollen. Under the use of *Calendula* injections, earth poultices, the rubber bandage, and *Silicea*, in 18 months the gentleman was able to walk without assistance. He suffers occasionally from sciatica, caused by some of the nerve filaments being held in the cicatrices, the results of former operations. These symptoms are relieved by *Gnaphalium poly.* But one sinus remains, and this is fast closing.

CASE IV. SINUSES OF THE OS CALCIS.—The child, 4 years old, had suffered with sinuses of the os calcis for about 2 years. Half of the bone was gone. Each day 10 minims of *Sulph. ac.* ½ were injected, and in 2 months the entire necrosed portion had come away, and the soft parts healed. *Sulph. ac.*, when used in this way, does not affect healthy structures; it only affects the dead bone. This is one of many cases treated in a similar manner.

Dr. GEO. F. FOOTE read a paper entitled "SIMILIA SIMILIBUS CURANTUR," in the course of which he said that Paul, Galileo, Harvey, Jenner, Swedenborg, and Hahnemann were all innovaters upon established opinions; all suffered a species of martyrdom patent to all who dare utter opinions contrary to the mental platitudes, that the popular will has been accepting as law.

We do not worship these revealers of new truths. They were men like ourselves, but especially gifted for a useful purpose; but we bend the knee to the Author of all good, for new truths that help the world to grow wiser and happier. We revere Hahnemann for his teachings, and his courage in combatting the professional errors of his day; for the substitution of a law in medicine that completely revolutionizes a system of therapeutics so full of errors that we are simply astonished at its toleration and existence.

Similia similibus curantur is deeply engraved upon the heart of every true homœopathist. It expresses the great law of cure, before which every other supposed law sinks into insignificancy. If this is right, all others that contradict it are wrong. Experience teaches that it is all right, and complete within itself. In its application as a law, in making the prescription, there is no *basis* requiring *adjuvans*, no *corrigens* "to obviate unpleasant symptoms which it may produce." It is not a compound, nor a trine of similar or opposing activities. But in operation it is a trine of primaries, effects, and ends; a principle, its proceeding and ultimates; a cause, a mode, and use. The law being true, it is, therefore, a Divine law. It remained in obscurity until the days of Hahnemann. Before his time the world was not in a condition to receive it.

The opposition with which it was received is fast being removed. It comes at a period in the world's history that future generations will note as peculiarly pregnant with the developments of new truths, all of which will help to enlarge the sphere of man's usefulness, and prolong his probationary existence. The full measure of time allotted to an orderly life is not less than one hundred and fifty years. And why not? The vast amount of poisonous drugs that for ages have been poured into the system must, of necessity, degrade the organism. Then, if we add to this the other out-birth of this old heroic treatment, *viz.*, the damning influence of stimulants in their hydra-headed forms, as drinks, and as condiments with our food, together with the sedative and narcotizing influences of tobacco, all of which keep the system in a state of pyrexia, we are safe in the conclusion that the average of life is shortened many years, even with the few that attain to "three-score years and ten."

The future is full of hope; and when homœopathy becomes universal, and the daily habits of life a universal regimen in accord with pure hygiene, life is sure to be prolonged, with its addition of health, happiness, and prosperity.

THIRD DAY—THURSDAY, JUNE 16, 1881.

GENERAL SESSION.

The President, Dr. J. W. DOWLING, in the chair.

Reports, oral or written, were presented by the Intercollegiate Committee, I. T. Talbot, M.D., Chairman; Committee on Railroad Fares, C. H. Vilas, M.D., Chairman; Committee of Arrangements for the International Congress, and the Delegates to the American Public Health Association, J. P. Dake, M.D., Chairman. Received and accepted.

The President then made the following appointments:—Committee on Legislation, Dr. John C. Morgan, Philadelphia, Pa.; Committee on Foreign Correspondence, Dr. W. H. Winslow, Pittsburg, Pa.; Delegates to the American Public Health Association, Dr. J. P. Dake, Nashville, Tenn.

THE BUREAU OF SURGERY.—H. F. Biggar, M.D., Chairman, presented the following papers in his Bureau:—

"Septicæmia," S. R. Beckwith, M.D.
"Lateral Curvature of Spine," J. H. McClelland, M.D.
"Modes of Treatment of the Fracture of the Neck of the Femur in the Aged and Feeble," J. E. James, M.D.
"Perinæorrhaphy," I. T. Talbot, M.D.
"Stricture of the Œsophagus," D. W. Hartshorne, M.D.
"Supra-pubic Lithotomy," Wm. Tod Helmuth, M.D.
"Varicocele," J. G. Gilchrist, M.D.
"Amputations," G. J. Jones, M.D.
"Spinal Abscesses," H. F. Biggar, M.D.

The papers were received and accepted.

Dr. A. R. Thomas, of Philadelphia, was appointed Chairman for 1882.

BUREAU OF MICROSCOPY AND HISTOLOGY.—Dr. J. Edwards Smith, Chairman, presented the following papers:

"On some Membranes, Especially the Diphtheritic," by W. H. Winslow, M.D.
"Cancer and Its Diagnosis," J. Edwards Smith, M.D.

J. Edwards Smith appointed Chairman for the Bureau for 1882.

BUREAU OF ANATOMY AND PHYSIOLOGY, Dr. Wm. von Gottschalk, Chairman, presented the following papers:

"Some points of Similarity in the Eye and Ear." W. H. Winslow, M. D.
"Surface Marks of the Abdomen." A. S. Everett, M. D.
"How Shall We Teach Anatomy?" A. S. Everett, M. D.
"Reference to Several Anatomical Points." E. H. Platt, M. D.
"Physiology of Menstruation." Wm. von Gottschalk, M. D.

Dr. Wm. von Gottschalk was appointed Chairman for 1882.

The Institute then proceeded to the election of officers for the ensuing year, and with the following result:

PRESIDENT,
W. L. BREYFOGLE, M. D., Louisville, Ky.
VICE-PRESIDENT,
B. W. JAMES, M. D., Philadelphia, Pa.
GENERAL SECRETARY,
J. C. BURGHER, M. D., Pittsburg, Pa.
CORRESPONDING SECRETARY,
J. C. GUERNSEY, M. D., Philadelphia, Pa.
TREASURER,
E. M. KELLOGG, M. D., New York.
BOARD OF CENSORS,
Chairman, F. R. McMANUS, M. D., Baltimore, Md.
M. J. CHAPMAN, M. D., Pittsburg, Pa.
L. S. ORDWAY, M. D., Hot Springs, Ark.
E. READING, M. D. Hatboro, Pa.
R. B. RUSH, M. D., Salem, O.

The names of Chautauqua Lake, Richmond, Va., and Omaha, Neb., were presented as places of meeting for the year 1882.

It was finally determined by the Institute, to meet at Richmond, Va., on the first Tuesday of June, 1882.

The following named Physicians, favorably reported by the Board of Censors through Dr. F. R. McManus, Chairman, were unanimously elected members: Drs. H. I. Needham, S. H. Simon, A. M. Eastman, J. H. Demarest, W. A. Hasler, T. M. Watson, C. S. Collins, S. T. Birdsall, N. R. Perkins, L. A. Phillips, C. D. Welch, L. Woodward, E. B. Pardee, C. R. Sumner, A. Nebelacker, S. L. Hall, S. P. Barchet, H. Von Musits, E. W. South, E. E. Case, C. Vistius, J. N. Tilden, F. J. Nott, J. W. Cook, J. N. Howe, A. E. Griffith, E. H. Lang, J. H. Reading, S. C. Delap, E. V. Moffat, L. Henderson, G. Franklin, E. J. Morgan, Jr., N. K. Bennett, E. W. Dean, R. L. Howard. E. G. Kerr, C. F. Barker, N. W. Rand, M, E. Douglass, F. P. Webster, J. L. Moffat, E. L. Wyman, J. A. Bennett, D. Foss, J. W. Clapp, H. W. Rose, C. Sturtevant, H. N. Bingham, W. O. Ruggles, H. Packard, J. H. Payne, A. H. Allen, G. E. Allen, A. J. Baker, S. A. Sylvester, E. L. Eastman, L B. Parkhurst, F. H. Stanford, M. L. Cummings, H. N. Irving, H. L. F. Wright, A. L. Kennedy, J. A. Rockwell. H. Hutchinson, J. F. Wage, C. L. Green, C. Vanartsdalen, J. R. Mansfield, G. H. Traver, J. Schmidt, S. H. Keep, G. E. Tytler, E. T. Schreiner, S. R. Geiser, J. N. Lowe, B. C. Shenstone, L. G. Wilberton, D. McClellan, G. H. Taylor, W. W. Freeman, J. A. Risley, E. Slough, G. H. Parkhurst, C. M. Lawrence, J. C. Scott, W. Zerny, A. B. Campbell, W. H. Keim, A C. Baker, H. A. Kimball, J. E. Russell, H. Robinson, Jr., E. B. Nash, W. L. Miller, E. G. Rankin, J. W. Streeter, R. Titsworth, F. E. J. Canney, C. Lippe, D. Simmons.

The following physicians reported in addition to those already announced: Massachusetts:—E. B. de Gersdorff, W. O. Ruggles, Boston; J. W. Hayward, Taunton. Connecticut:—B. H. Cheney, New Haven; G. F. Mathes, New Bedford. New Jersey:—H. S. Paine, Orange; D. McClellan, W. Hoboken. Pennsylvania:—Ad. Lippe, Phila.; E. D. Doolittle, Easton. New York:—J. H. Thompson, Wm. Brinck, J E. Russel, St. Clair Smith, E. Blumenthal, Mrs. J. G. Brinckman, of New York City; J. L. Moffat, A. B. Campbell. S. E. Dunlevy, of Brooklyn; W. A. Bevin, New Rochelle; D. Springstead, Saugerties, L. A. Clark, Cambridge; C. M. Lawrence, Port Jervis; G. P. Robinson, Babylon; L. B. Wells, Utica. S. P. Barchet, China. R. Titsworth, Plainfield, N. J. S. Starr, Chester, Pa. A. H. Ashton, Pa. C. S. Verdi, N. J. E. J. Lee, Phila. A. S. Everett, Denver, Col. H. M. Dearborn, E. Guernsey and W. B. Wood, N. Y.

Adjourned.

SECTIONAL MEETINGS.

THURSDAY MORNING.

SECTIONAL MEETING OF THE BUREAU OF GYNÆCOLOGY. H. E. SPAULDING, M.D., of Hingham, Mass., Temporary Chairman. A paper on "Laceration of the Cervix," by Dr. Richard C. Allen, was read. Dr. Ormes, Jamestown, N. Y., read a report of a case of "Intro-Mural Fibro Cellular Tumor of Uterus, and Removal." Recovery on 27th day perfect. Temperature never got above 100°; pulse never exceeded 95.

The discussion was opened by Prof. Owens inquiring as to the use of *Ergotine* hypodermically in such cases, and relating several cases successfully cured by its use.

Dr. WHITIER inquired of Dr. Owens if the cure was due to the use hypodermically of the *Ergotine?*

Dr. OWENS replied that he had reason to believe they were cured by its use.

Dr. WHITIER desired to know if hypodermic injections every four weeks were not too infrequent?

Dr. OWENS thought they were near enough together. If used more frequently they produce irritation.

Dr. WHITIER wished Dr. Owens to explain his theory as to the use of *Ergotine*.

Dr. OWENS resuming, said that it is well to know that *Ergot* is one of the most powerful vaso-motor stimulants (irritants?) we have in producing most profound irritation — even profound exhaustion and paralysis of the vaso-motor nerves, resulting in gangrene of the periphery; arrests the nutrition of the peripheral parts That is the philosophy of the action of *Ergot*. We give this *Ergot*, to arrest the nutritive action of the parts. If there is ulcers in arresting the nutrition of one of these tumors, atrophy will result. That is the philosophy of the treatment, and upon which the theory is based.

Whenever you introduce a drug into the system, it will arrest any morbid processes going on.

To cure hyperplasia of this character, it must be done by arresting the nutrition of the part. This is best done by *Ergot*. This will do it. Our pathogenesis of this drug shows it will do it. It does it by acting on the vaso-motors producing contraction, arresting the flow of the nutritive fluid, starving the tumor and atrophy, and recovery is the result.

Dr. WHITIER asked if it did not produce a local irritation.

DR. OWENS replied that it does not, but it must not be used too often; if used too often ergotism will be produced. If repeated every week it would produce that result; Dr. Owens had seen such a case, not in his own practice; the results were not satisfactory.

DR. GREGG, of Buffalo, N. Y., inquired of Dr. Owens if he had known of any cases of treatment in this form that have been followed afterwards by childbearing or pregnancy.

DR. OWENS replied that he had not made any observations in reference to that point.

Dr. GREGG asked if he had ever seen any reports of such cases.

DR. OWENS said he had not.

DR. MORGAN, of Philadelphia, Pa., continued the discussion and thought that *Arnica*, *Nux vomica* and other homœopathic remedies could be used in stimulating vaso-motor action.

DR. BIGGAR advocated the stimulation of the portal circulation.

BUREAU OF PÆDOLOGY.

Dr. T. M. Strong's paper on "Hereditary Syphilis," claims that the term hereditary is the preferable one to apply to syphilis occurring in infancy, and refers to the condition dating from intra-uterine life, whatever the moment of infection.

Etiology. It may be derived from either parent, but generally requires the infection to be derived through the mother. The weight of evidence is in favor of the theory that a mother can convey the seeds of the disease to the fœtus, should she become infected during gestation.

Latency. Syphilis may lie dormant for years, but as a general rule it shows itself at birth or within three months thereafter. It is affirmed by some that when the disease is derived from the father it will be developed at birth, when from the mother it will appear shortly after birth.

Symptoms. Among the first symptoms we have a condition simulating catarrh, such as stoppage of the nose, with difficulty of breathing and snuffles. Following this we may have a yellow ichorous discharge from the nostrils, which may be slightly streaked with blood. Ulcerations and patches appear in and around the mouth, while the same condition in varying degrees of intensity, extends into the throat and larynx. The notchings of the two upper central incisors is a leading indication of the presence of syphilis, but syphilis exists in many cases without this notching being present. We have also alterations in the tone of the voice; dry, suffocative paroxysms of coughs. Respirations and deglutition are frequently interfered with. Hypertrophy of the tonsils and warty growths of the pharynx are also present. A serious complication of the laryngeal condition is a sudden œdema. The eyes may be inflamed and exude a scanty, adhesive, puriform secretion. The cornea may be the seat of a chronic interstitial inflammation. The skin may be affected throughout its entire extent according to the character of the eruption present. The color of the skin in hereditary syphilis is more of a yellow straw color than the copper taint of the acquired. Condylomata and patches appear in and around the anus, the latter often degenerating into small, soft, spongy ulcerations. There are four principal varieties of eruptions, the bulla, macula, plaques or patches, and the vesiculo-pustular or ecthymatous. With the exception of the maculæ, all have a tendency to ulcerate. The bulla runs an active course and is always an index of conditions upon which death rapidly follows. Ecthyma generally appears later in the progress of the disease. Swellings and nodes affect the bones. They generally appear at the distal ends. They occur less often on the ribs than on the long bones and less often on the cranium and face. The bones of the cranium may be delayed in their union and the head in consequence feels soft, and the anterior fontanelle appears large. Pain seems to be wanting in the majority of cases of osseous affections. Rachitis is probably, not a necessary result of syphilitic infection. Wasting and exhaustion mark the onward course of the disease, to which the withered aspect giving the appearance of old age, the bloodless state of the conjunctivæ, and the yellow hue of the skin are all accompaniments.

Prognosis. The earlier the disease appears, the more unfavorable the prognosis. A large number of those attacked die, yet under appropriate and persistent treatment, recovery often occurs.

Treatment. The main remedies are *Merc. Corr.* and *Viv.*, together with the compounds of *Iodine*; also *Nitric acid*, *Iodide of Potash*, *Asaf.*, and *Hecla Lava*. Of these *Merc. Corr.*, for nearly all the conditions which are liable to be present, in alternation with the *Iodide of Potash*, if the osseous system is implicated, are in the majority of cases, the only remedies required if treatment is to be of any avail, and the patient does not die from the severity of the disease, or the case does not take on curvature action through its own regular stages of evolution.

THE BUREAU OF OBSTETRICS was called to order immediately upon the adjournment of that of Gynæcology, at 9:30 A. M. The chairman, Dr. Peck, presented a report covering the experiences of ninety physicians as to "Puerperal Mortality," whether referring to mother or child. He inferred therefore, that a person who should lose a patient without attempting the use of external manipulation (internal if required) and hot water, will justly be held inexcusable; that palliation and material doses in convulsions, are not only lawful but Hahnemannic, and that the forceps and syringe, cover more of the contingencies of parturition than the most ample medicine case.

Adjourning at ten to make room for the Institute, the Bureau re-assembled at three, when the following papers were read, treating in detail the several subdivisions of the general theme: "Hemorrhage," by Millie J. Chapman, M. D., of Pittsburg; "The Prevention of Puerperal Fever," by C. G. Higbee, M. D., of St. Paul; "Infantile Mortality Due to Labor," by Prof. O. B. Gause, of Philadelphia; "Post-partum Perils," by J. W. Sawin, M.D., and a volunteer paper on "Extra-Uterine Fœtation," by R. C. Allen of Philadelphia. Then followed an animated, interesting and instructive discussion, participated in by Drs. Grosvenor, Eaton, Morrill, Church, Grey, Pearson, and others, which continued until six o'clock. The

moderate use of anæsthetics was declared admissible, but their administration should be most carefully guarded. The infantile bandage should simply consist of a narrow flannel band unhemmed. Regularity of feeding and other functions is advisable, but should not be carried to extremes. Definite plans should be formed by an accoucher, before anything is attempted, whatever be the condition, and then act as though nothing else could possibly be done.

HÆMORRHAGIC CAUSE OF PUERPERAL MORTALITY, was the subject of a paper by MILLIE J. CHAPMAN, M.D. This may occur, she said, at any time during gestation or after labor. The cases of abortion are generally the result of accident or design. When habitual it is apt to occur about the third month. Hæmorrhage is more profuse and fatal when the abortion is spontaneous than when the result of accident. We have also the divisions of hæmorrhage into accidental, unavoidable and post-partum. The accidental results from the premature separation of a normal situated placenta, from ulceration of the os uteri, the presence of polypus. The unavoidable occurs from placenta prævia and generally in the latter months. Laceration of cervix may also produce hæmorrhage, but it occurs during labor and ceases with the normal contraction of the uterus. The symptoms preceding hæmorrhage are, a sensation of languor or weariness, followed by weight and numbness in the pelvic region, and in the groin or thighs aggravated in the erect position. If the hæmorrhage becomes profuse we have vertigo, dimness of sight, fainting and syncope, and if the hæmorrhage is not arrested we have collapse, convulsions and death.

From the partial separation of the placenta in the early months of pregnancy, we may have the formation of a clot, which may be a cause of abortion; and if the hæmorahage continues, and the clot or presenting parts of the child prevents its escape, death may occur before the cause is recognized. Pains of a tearing character accompany this condition.

Post-partum hæmorrhage is the most frequent form and is due to the lack of complete and persistent contraction of the womb. This condition may arise either from general debility and exhaustion, the presence of blood clots or a portion of the placenta, and irregular or hour-glass contractions. An unusual quick pulse after labor is said to be a premonitory sign, but the condition also occurs with a slow pulse.

Treatment: For the hæmorrhagic diathesis, *Phos., Phos. ac., and Arsenic.* In abortion if the os is not dilated or the flow profuse, internal medication will avert the trouble. For hæmorrhage occurring late in gestation or after labor, pressure over the uterus, and the use of ether spray or cold water externally, or hot water internally at temperature of 110°, always taking care that all clots and portions of the placenta are removed. The doctor also gave a list of remedies applicable for uterine hæmorrhages, but without any specific indications.

THE SECTIONAL MEETING OF THE BUREAU OF SURGERY.—Dr. H. F. Biggar, of Cleveland, presiding.

EPICYSTOTOMY.

DR. WILLIAM TOD HELMUTH said: Though I have no written paper to present to this meeting, I desire to say a few words upon a subject which has interested me for some years past, and which I am sure has not—for reasons which are self-evident—received the attention it deserves. I refer to the high operation for the removal of stone in the bladder.

Before, however, I say a word upon this subject, I wish to be understood as in no way disparaging litholapaxy, as introduced by Dr. Bigelow, and now practiced with wondrous success by surgeons in all parts of the world; but I am of opinion, when cutting operations are required, either from sensitive urethræ, enlarged prostate, tight strictures, or other disease, which would render the knife preferable to the lithotrite, that epicystotomy is the most simple and safe operation.

I may be met at the outset, however, by the fact that the statistics of the operation, rated generally but erroneously at 1 to 3½, are sufficient evidence of the unsuccessful nature of the operation; to which I reply, that this percentage of mortality would be greatly diminished if a fair proportion of cases had been subjected to the supra-pubic method. It is a well-known fact that hypogastric lithotomy receives but little notice in the text-books of the day; that surgical lecturers briefly allude to it as only to be performed when other methods have failed; and since the time of Souberbielle, the majority of students go out from the medical colleges with a very imperfect knowledge of the operation, and with a vague idea that only the worst cases must be subjected to it. Franco, in 1560, is accredited with the first supra-pubic lithotomy—although Cooper, in his Dictionary, gives priority to Calot, in 1475. Others go further into antiquity, and state that the operation dates 1,000 years before the Christian era.

From time to time it has had many advocates; Douglass, Cheselden—who cut nine consecutive cases successfully—Middleton, Thornhill, Berrier, and especially Frere Côme—who made one hundred supra-pubic operations with but nineteen deaths—being its strenuous upholders.

It is a remarkable fact that, whenever a surgeon has advocated and practiced supra-pubic lithotomy in most of the cases presented to his notice, that the rate of mortality has been very small. Dupuytren, and especially Souberbielle, have been its advocates in France; Gunther and Petersen in Germany; and C. W. Dulles in America. It was from reading Dr. Dulles' papers that I was convinced of the efficiency of the operation.

(Dr. Helmuth then described the varied methods of performing the operation, and exhibited his modification of the *sonde-a-dard*, continuing as follows.) The real dangers of the operation are, 1st, and most important, urinary infiltration; 2nd peritonitis. The last-named, however, does not happen if moderate care be taken in the performance of the operation. In order to ascertain how high the bladder rises above the pubis when fully distended, and how much of its face remains uncovered by peritoneum, I had a number of experiments made in the Ward's Island Hospital, by injecting the bladder after death with water, and in some instances pushing the injection to the extent of rupturing that viscus. I found that it is safe to make a cut two inches and a half long in the median line, and in some instances even more, without coming in contact with the peritoneum; and even if this membrane be cut, it is not in these days, considered such a terrible mishap as in former years.

I may mention here, that what I consider the most remarkable supra-pubic lithotomy on record, is that performed by Jean Doot, the Smith of Amsterdam, who cut himself with a shoemaker's knife above the pubis, removed a stone, and recovered. I may say, too, that I journeyed to Leyden for the express purpose of seeing the stone, the knife, and the certificate of the notary public, now preserved in the Medical Museum of that ancient city, and that I was well repaid for my trouble.

The very fact that after both perineal sections have been unavailing, and that lithotripsy impossible and of none effect, stones have been successfully removed by the hypogastric method, should incite us all to inquire into this method; and when, in addition, we consider the simplicity of the operation, and remember the class of cases which have beeen subjected to it, we will say that it has scarely been fairly represented, or a fair trial of its merits been given to it. I hope the members of this Society will give the matter their serious consideration.

DR. J. G. GILCHRIST'S paper was on "Varicocele," a condition claimed to be due, only, to local lesions as

an exciting cause, which is one of general muscular atony. Operative measures were considered as the main reliance.

Dr. L. H. WILLARD sent his regrets.

THE SECTIONAL MEETING OF THE BUREAU OF MICROSCOPY AND HISTOLOGY, convened at 3 P.M., Dr. J. Edwards Smith, Chairman.

Dr. J. EDWARDS SMITH, of Cleveland, O., read a paper on "Cancer and its Diagnosis." Dr. Arnott says: "When I speak of a cancer, I mean a tumor which will return if I cut it out; which will probably also appear eventually in certain internal organs, and against which I am well-nigh helpless in any effort to eradicate it from the system."

"By malignancy," says Dr. Arnott, "we imply such an energy of growth as baffles, in a greater or lesser degree, the surgeon's interference: and it is convenient to speak of three degrees of malignancy; *viz.*, (1) the persistent recurrence *in loco* after apparently complete removal by the knife; (2) the tendency to infection of the nearest chain of lymphatic glands with the same morbid growths; and (3) the possible combination of one or both of these conditions, with a proneness to the formation of other like tumors in distant parts of the body, especially in the lungs and liver."

Dr. Francis Donaldson insists that it "is improper to attempt to divide cancer into so many species, as they all have the same common pathology; the variety of aspect, consistence, volume, coloration, and vascularity is caused merely by the amount of fibrous element of fat or gelatinous fluid present, all of which are purely accidental, and in no way essential to constitute the growth. The density, softness, etc., may also vary, according to the organ involved; the breast and the pylorus take, generally, the form of scirrhus, whereas the bladder, the kidneys, etc., are more likely to be affected with encephalon." Thus, we find that 30 years ago Dr. Donaldson pointed out the impracticability of any classification of cancerous growths, resting on a purely anatomical, histological, or pathological basis.

Dr. Donaldson says further: "The elements of cancer consist of three parts—cell, nucleus, and nucleolus—all of which are peculiar to it." He takes under consideration—

1. The cancer nucleus as enclosed in a cell, or floating free by itself.
2. The polygonal, or more or less spherical and ovoid cell.
3. The caudated cell.
4. The fusiform cell.
5. A concentric cell.
6. A compound, or mother cell.
7. Agglomerated nuclei, connected by amorphous tissue.

Whilst it must be admitted that the cells as above described by Dr. Donaldson are constantly to be found present as "cancer elements," I, on the other hand, cannot agree with Dr. Donaldson that they "are peculiar to it." It would be easy to demonstrate that polygonal, caudated, fusiform, concentric, and compound, or mother, cells are very often present, in perfectly innocent growths.

Dr. Donaldson goes on to say: "In all the varieties of cancerous tissues, nuclei are to be found, either enveloped by a cell or floating free. * * * Within these nuclei there is found, habitually, a small body, or nucleolus * * * having somewhat of a yellowish tinge, with a brilliant centre and dark borders, refracting light like the fat vesicles. Attention is particularly called to the peculiar brilliancy of the centre of these nucleoli, which, we think, is characteristic. It can be almost invariably noticed if the focus is varied."

Dr. Donaldson further calls attention to the relatively large size of the nucleus seen in cancer cells.

In presenting the foregoing quotations for consideration, I am thus impelled from two motives; 1st, It is interesting to note how close Dr. Donaldson arrived at important facts, while, at the same time, his poor object-glasses forbid advantages which science afterwards placed within the reach of other observers; and 2nd, I desire to say that the perusal of Dr. Donaldson's papers proved of the greatest value to *me* during my subsequent investigations.

Fourteen years ago, I repeated, with the imperfect instruments at that date in vogue, the observations by Dr. Donaldson here quoted, working at times over known as well as unknown (but suspected) specimens, meeting, however, with varied success.

In the year 1874, it was my good fortune to obtain one of the first wide apertured duplex object glasses, then just introduced by the eminent optician, R. B. Tolles of Boston, Mass.; and after perfecting myself tolerably well in the manipulations, I again returned to the examination of malignant growths, keeping well in mind the salient points contained in Dr. Donaldson's paper. Very many specimens, known to be malignant, were examined by me with the new object glass, my attention being constantly drawn to the study of the nucleolus with the "bright centre and dark border," mentioned by Dr. Donaldson These were worked over, striving by various changes of the collar adjustment to obtain the most perfect possible correction of the objective.

It subsequently became noticeable that the nucleolus seen in malignant specimens was in truth a first-class test object over which any error in the adjustment of the objective easily became apparent. With such an object glass in perfect adjustment, the nucleolus, appertaining to a malignant cell, becomes a most beautiful object exhibiting a point or points of light of the extremest intensity. By slightly changing the focus of the objective these vivid points of light vanish, and are instantly replaced by points of the most intense and (so to speak) luminous blackness; this peculiar optical effect when once seen by the microscopist, will never be forgotten—but it must be remembered that the said effect cannot be well seen without the employment of an objective having Balsam (or interior) aperture greater than 82°.

Thus far I have considered the nucleolus *in situ*; that is, accompanied by nucleus and surrounding cell. The microscopist will thus at times meet with perfect entire cells, but this is by no means always the case; in fact, specimen after specimen may be consecutively examined, exhibiting scarcely a single perfect cell, while on the other hand such specimens may exhibit thousands of "agglomerated nuclei" described by Dr. Donaldson—which if "malignant" will with proper manipulation behave as I have described above. Beginners often mistake these nuclei for entire cells.

I have space only to record in the briefest manner the fact that in the microscope examination of sputum from patients suffering from acute tuberculosis, or from either of the structural changes accompanying phthisis pulmonalis, thousands of detached "agglomerated nuclei" are to be seen. These, if malignant, when cross-questioned by modern wide-angled objectives, exhibit precisely the same characteristics before mentioned. These, too, are quite as sensitive objects over which to adjust the objectives, and require the same nicety of manipulation; and when these appearances are thus seen, there need be no hesitancy in rendering an unfavorable prognosis.

Since the introduction of the wide-angled objectives I have had a somewhat active experience in microscope examination of urines, and in several instances have observed in such specimens entire cancer cells, as well as the "agglomerated nuclei" before referred to, and have thus been enabled to diagnosticate the existence of "cancer" many months in advance of any objective or subjective symptoms pointing thereto.

Through the kindness of Professor Schneider, Dean of the Cleveland College, I am enabled to supplement the foregoing with the following report of an interesting case from his own practice. I give the Doctor's own words, as follows:

"In the month of October, 1877, I was called professionally to see Mrs. S., who had been suffering for ten years with a urinary trouble. She had just returned from New York, where she had been under treatment for 18 months for the above trouble.

"She was improved by surgical treatment—the establishment of a vesico-vaginal fistula, which had been left open 10 months and then closed. The symptoms of vesico and urethral irritation were very prominent and distressing when I first saw her. Before beginning my treatment I submitted a specimen of her urine to Professor J. Edwards Smith for chemical and microscopic examination, which revealed the fact that there was chronic inflammation of the bladder, also suspicious cells, which Professor Smith denominated cancer-cells. These microscope examinations were made frequently for several weeks, until, say, ten such examinations were made. During this time I treated the case by its subjective symptoms, the indicated remedy being *Sarsaparilla*, under which she improved much. She also drank freely of *Bethesda water*, which I consider pure water. Her general health being much improved, she went to spend the winter with friends in Illinois. I continued the treatment of her case for some time after her departure, and had several specimens of her urine sent me for examination, in all of which appeared the suspicious cells.

"The following summer she returned to Cleveland, when she called my attention to a small tumor, the size of an almond, in the right breast, which made its appearance in the month of February, in which were the characteristic pains of cancer. I changed her prescription to *Conium* 6x, and it relieved the pains to some extent, and the growth subsided one-third in size.

"Subsequently, however, to her return from Illinois it again grew rapidly and became alarming, so that the next February, 1879, she went to Chicago, where the breast was amputated, and it healed kindly, and for some months she supposed she was quite well. She returned to Cleveland about one year after (1880), and the tumor developed in the cicatrix, growing rapidly for the past year. She has had it removed time and again by the use of plaster. She has been under my care for the past three months, and during that time Professor Smith has examined her urine, and still finds the same suspicious cells. I will add that in the later specimens examined, Professor Smith had no knowledge of the personal history of the case—that there was a suspicion of cancer—as this was kept from him.

"I append this case in confirmation of the theory which is developed by the observations of Professor Smith, that cancer-cells can be detected and may be found in the excretions long before there appear any known pathological lesions, or when the lesion is far removed from the excretory organ."

PSEUDO-MEMBRANE—ESPECIALLY THE DIPHTHERITIC. W. H. WINSLOW, M.D., after referring to certain adventitious growths and exudates upon the mucous membrane of the pharynx and larynx, proceeded as follows: The diphtheritic exudate can be divided into three kinds:—

1. A simple, morbid, amorphous protoplasm, composed of blood-serum, albumen, and mucin. This cannot be separated from the detritus of epithelium and mucus corpuscles, which come from the diseased surface through which the exudations pass.

2. The semi-fluid constituents of number 1, with the addition of nuclei, leucocytes and red blood-corpuscles lying in interstices of a loose fibrinous matrix.

3. The constituents of numbers 1 and 2 in moderate quantity, with a larger amount of fibrin than in number 2, having its fibres running in every direction, and forming a dense, leathery membrane, resembling that which lines the egg-shell of the fowl. The free surface is the densest, and the struma diminishes and becomes looser towards the mucous membrane.

One case of diphtheria may have only the jelly-like exudate of the first; another, the jelly and slight organization of the second; and another, the truly-organized membrane of the third group. It may be possible for a case to have, at different stages of the disease, each of these products in succession, not always regular.

Bacteria are found in all, but are not considered significant.

The first and second groups occur frequently upon the velum and pharynx; the third in the larynx. When appearing in the pharynx, the fibres are arranged indefinately, but *when formed in the larynx there is a great preponderance of fibres, running in a direction parallel to the vocal cords.*

THE BUREAU OF ANATOMY AND PHYSIOLOGY held its Sectional Meeting at 5 P. M. Dr. Wm. von Gottschalk, Chairman.

W. H. WINSLOW, M.D., in his paper on "THE ANALOGY OF THE EYE AND EAR," spoke as follows: There are certain parts of the ear and eye which, in structure and function, have a sort of correspondence. The properties of sound and light are analogous, and the variations in these two great organs of special sense are for the purpose of adapting them to the various requirements of the vibrations acting upon them. The drum and lens equally concentrate and transmit aërial undulations, and are thus similar in function.

Normal ears are generally capable of perceiving the distance and source, the direction and position, in the musical scale, of sound. Any one of these functions may be wanting, or be imperfectly performed.

In normal eyes, the retinæ perceive the distance, figure, and color of objects; but, as in the ear, any one of these functions may be deficient.

So the analogy of functions between the terminal filaments of the auditory and optic nerves is manifested in the sensibility of the one to the notes of the musical scale, and in the other to the colors of the spectrum.

THE SECTIONAL MEETING OF THE BUREAU OF OPHTHALMOLOGY, OTOLOGY, etc., met at 3 P. M.

W. H. WINSLOW, M.D. read a paper entitled, "Hyperæmia of the Internal Ear." This frequently coexists with tympanic disease and with disorders of circulation in the cerebrum. The congestion supervenes frequently from slight causes and soon passes away. Or, it may remain constant, inducing slow or rapid pathological change, and causing partial or total deafness. This condition frequently precedes the grave affections of the internal ear, occurring as a consequence of certain constitutional diseases, and should always be regarded with suspicion.

Labyrinthian congestion of a mild grade is produced by this disease: Anything which causes hyperæmia of the middle ear produces corresponding congestion in the deeper structures. Hyperæmia of the brain produces congestion of the labyrinth.

Graver degrees of labyrinthine congestion, which lead to profound organic change, occur from various forms of obstructed circulation, heart disease, poisoning by carbolic acid, and various constitutional diseases.

The symptoms of uncomplicated and of moderate hyperæmia of the labyrinth are, increased sensitiveness to sound, tinnitus aurium, vertigo, etc. When there is increased congestion hearing power rapidly diminishes.

Diagnosis: Recognized by its history, subjective symptoms, and response to certain tests. The galvanic current will give abnormal formulæ; the fork in most cases will not be heard clearly, and impairment of auditory power will be found to be greater than other conditions of the ear seem to call for.

Treatment: By regard for general health and personal hygiene; the remedies are *Bell., Salicylic ac., Conium., Puls., Bry. and Colchi.* The galvanic current may be tried as a last resort provided there are no cerebral or other contra indications.

THE AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY held another session the following day,

The President, DR. PHILLIPS, in the chair.

Discussion on paper on Exoph. Goitre being continued, Dr. Beebe believed that the only rational treatment was based on the locality of symptoms, with proper hygienic surroundings.

DR. LEWIS advised that form of *Calc. Carb.* obtained by triturating roasted egg-shells, and also *Nat. mur.* These remedies had been of value. In discussing the so-called tissue remedies, Dr. Searle had found *Ferrum phos.* of value in acute otitis with exalted temperature and rapid pulse, with delirium. Dr. Houghton believed them to be useful in many forms of ear disease. The specific indications for *Kali phos.* was found in the *dark, bloody* and *offensive* secretion.

Kali chlor. was considered valuable in cases of long-standing otit. med. cat. with changes from the normal in the condition of the eustachian tubes.

Ferrum phos. for acute inflammation of the middle ear.

Mag. phos. for atalgic neuralgia and spasm of the tensor tympani.

DR. BUFFUM then read a paper on "Pathological Contributions."

DR. WINSLOW followed with a paper on "Iron in the Eye-ball." Dr. Winslow also exhibited some pathological specimens, among which were a section of a fibroid tumor taken from the lobe of a negress' ear, and an atrophic globe in which ossification of the choroid had taken place.

The secretary then read by title the following papers which he had received:

"A Resumé of Strictures of the Lach. Passage with their Treatment—A Protest against Stilling's Operation," by Dr. J. F. Brown

"A Case of Rapid Loss of Sight in One Eye," by Dr. Dr. H. C. Angell.

"Report of Exam. of the Refraction and Color Sense in the Eyes of Public School Children," by Dr. E. H. Linnell.

"Periodicity in Aural Disease," by Dr. A. Wanstall.

"Angioma of Ear," by Dr. Jas. A. Campbell.

It was voted to refer all papers to Publication Committee with power.

In view of the fact that the Fee Bill did not express the wishes of the Society, it was moved and adopted that it be rejected entirely.

Dr. F. P. Lewis was elected delegate to the International Convention.

The following were elected to membership: Drs. W. F. Wilson, John L. Moffatt, E. V. Moffatt, E. C. Brown, C. C. Boyle, J. E. Jones, Chas. Deady, A. C. Peterson.

The following were elected officers for the ensuing year: President, Henry C. Houghton, M. D.; V. Pres., C. Th. Liebold, M. D.; Sec'y and Treas., F. Park Lewis; M. D.; Censors, J. H. Buffum, M. D., Chas. Deady, M. D., W. H. Winslow, M. D.

Adjourned.

THE BANQUET.

Another of the social events of the occasion was the banquet tendered by James H. Breslin, Esq., proprietor of Hotel Brighton, and was served with all that elegance which the well-known name of "mine host" is a guarantee. Then followed the "feast of reason and the flow of soul;" and out gushed, in a sparkling stream, the pent-up eloquence of the North and the South, the East and the West.

Dr. S. H. Talcott acted as Toast Master. The first toast was *Hahnemann!* "The memory of Samuel Hahnemann; the great master in medicine; the discoverer and promulgator of the homœopathic law. Nothing can cover his high fame but heaven; no pyramids set off his memories, but the eternal substance of his greatness, to which we leave him." Drank in silence.

2d. Our National Association. *"The American Institute of Homœopathy."* May it ever keep in the van of medical progress. The oldest of our societies, may it ever be young in its energy and in its zeal for the right, and continue to gather under its wings every earnest worker in our profession, throughout the whole nation. Responded to by Pres't DOWLING and Pres't-elect BREYFOGLE.

Response by DR. DOWLING: It is unfortunate for me that it falls to my lot to respond to this toast. For the past month my mind has been called upon to dwell so much on this Institute, its meeting, this banquet, the excursion of yesterday, and that address on the Progress of Homœopathy during the past year, that I feel that the time has come, when, in justice to myself, to my family, my patients, and possibly the State, or that portion of it where our toast master, Dr. Talcott, presides so well, I should think of, I should talk of, something else.

How often do we advise a change of air, a change of scene, a change of occupation and of thought! I need this change. I have been rapidly becoming a man of one idea, and that idea or sole object in life has been an earnest desire that this meeting of the Institute should be the most successful and enjoyable of them all. The American Institute of Homœopathy, in large painted letters, has been constantly before my eyes for weeks past. When I retired at night, even after the gas was turned down, I could see the words written on every side of my apartment. I closed my eyes, and there it was in equally large letters on the inner surface of my eyelids. In my sleeping moments it was ever before me, and when in the morning I awoke and glanced from my window to the tops of the chimneys, where I had been accustomed to see the blue smoke from my neighbor's kitchen fire turn out in shapeless volumes, instead would be sent forth enormous letters of smoke, which would spell in every instance, American Institute of Homœopathy. Only last week a patient asked me where he could go to get the purest inland mountain air, My reply was, Brighton Beach. But, he said, that is on the sea shore. I know it, I answered, but the American Institute of Homœopathy meets there, and it will be brought by its members from the far South, the West the mountainous regions of northern New York, and quantities of it will be brought from some portions of New England. Go to Brighton Beach by all means. He took me at my word, is present this evening and carries a countenance full of gratitude, for he has been benefited by the change.

The President then referred to the pleasure the meeting had afforded him, and expressed a desire that the Institute as a body would be prosperous and free from dissensions from all causes, and that the individual members would carry with them pleasant recollections of Brighton Beach.

Dr. BREYFOGLE said: The splendor of a "setting sun" illustrates what the best efforts of Nature can produce. Its softened rays are, perhaps, less brilliant; but its charms and influence sink deep into the human heart, and leave behind beautiful impressions and sweet memories. So, Gentlemen and Ladies, does the "setting" of this magnificent "sun" leave in all our hearts the most beautiful impressions of a character pure, noble, generous, and just; and the "sweet memories" that shall go with us from Brighton Beach shall, together with those of Lake George, delight and fill our hearts for years to come. One regret, however, steals over me when I think how difficult it will be to ever produce another such one; and that the diminutive rays from the "rising sun" will leave in darkness so much of past brilliancy.

In regard to the American Institute, what shall I say? You *know* how proud I must be of our great National Body. With what pleasure and pride we have watched its development! How it has grown to such magnificent proportions, and is now the largest medical body

in the United States! How earnestly and faithfully it has worked to elevate the standard of medical science! and what brilliant results it has accomplished!

All this I need not dwell upon; and will close by remarking that, in my opinion, if Dr. Dowling's "Irregulars" could look over this vast and intelligent assemblage at this time, they would, to a man, throw down their arms and surrender.

3d. "*Our Senior Members: the Veterans of the Institute.*" Our Old Guard! they may die, but they never surrender; never surrender the principles for which they have fought so long and so well. Responded to by Dr. SMALL.

4th. "*Our Delegates to London.*" Boston State House is the hub of the Solar System. You could not pry that out of a Boston man, if you had the tire of all creation straightened out for a crowbar.—*O. W. Holmes.* Dr. TALBOT responded.

5th. "*Our Literature.*" Responded to by Drs. T. F. ALLEN, J. C. GUERNSEY, and R. C. MCCLATCHY.

6th. "*Our German Brethren.*" We owe them a great debt of gratitude. We owe them, not only an acquaintance with lager beer, pretzels, saur kraut, Limburger cheese, German flute, German dance, and that sweetest of inventions for the young people, cousins German, but we owe them Hahnemann; and much that is ginuine to Homœopathy. Dr. DE GERSDORF responded.

7th. "*The Western Institute of Homœopathy.*" Westward the Star of Empire takes its way. Dr. VILAS responded.

8th. "*Sanitary Science and Climatology.*" An ounce of prevention is worth a pound of cure. Dr. ORME responded.

9th. "*The Harmony of the Medical Profession.*"

DR. HELMUTH being called upon to reply to the toast, responded as follows:

'Tis strange how Physicians will quarrel,—
'Tis queer as the doctors do fight,—
For men who profess to be moral,
And walk in the paths that are right.

I've given this subject some study,
And find, as a general rule,
These fights are most serious and bloody
Where'er there's a Medical School.

Now, look at those fellows in Boston,
How oft 'gainst each other they rub!
Not an act that one does is e'er lost on
The others who live at the hub.

In New York on the surface there floweth
A mixture of honey and oil;
But just underneath, no one knoweth
How fiercely the waters can boil.

In the city of Quakers, I know it,
There's a clique there for each other man:
They've "brotherly love" and they show it,
"*Tolle causam*"—that is, if you can.

In Chicago, our noble profession
Have been in continual row,
But I think they have all learn'd a lesson,
And trust they are better there now.

And lo! in Ann Arbor delightful,
(The name is suggestive of peace)
The struggles are really frightful—
The question is, when will they cease?

In Cleveland its generally quiet,
But once in a while, by the way,
The Doctors get into a riot,
And then—there's the Devil to pay.

And e'en in that beautiful city,
Which is known as the "Queen of the West,"
They do—and indeed more's the pity—
Exactly the same as the rest.

But ah! me, what fond recollection
Still hangs round St. Louis so fair!
Why, my happiest themes for reflection
Are the thoughts of the fights I had there.

And I tell you, my friends and my brothers,
I went thro' those wars with a will;
So I think I may tell unto others,
What I learn'd as I pass'd thro' the mill:

That after each little dissention
Is settled, it seems *very small*,
And we wonder why any contention
Arose from such trifles at all.

And oft when the warfare is raging
We think it a shame and a sin,
Yet still we continue its waging,
For nobody likes to "give in."

But, Members of the American Institute—

Here where the constant and mysterious tides
Forever ebb and flow upon the sands;
Here where the fulness of our strength abides,
Oh! let us firmly grasp each others' hands.

Here let us drop those lesser ills of life,
That down to earth our better natures bind,
Forget each personal and petty strife,
And, rising higher with ennobled minds,

Strive for the common good of our great cause—
An ardent, earnest, and efficient band,
To spread the truth of one of Nature's laws
Throughout the width and breadth of all the land.

Then as the traveler up the rocky ways
Of mountain paths doth toiling upward go,
Pauses awhile and placidly surveys
The woods, the vales, the rivulets below—

So in those hours of rest, when mem'ry steals
Athwart our pathway, with its mystic light,
Which streaming o'er life's wanderings reveals
Forgotten days in colors fair and bright,

Such scenes as this will suddenly arise,
With all the incidents which mem'ry sends,
And rising mists will gather in our eyes
In sweet remembrance of our life-long friends!

10th. "*Our Sister Physicians.*" Dr. HASTINGS responded.

11th. "*The Ladies—God bless them.*"

Here's to the maiden of bashful fifteen:
Here's to the widow of fifty;
Here's to the flouting, extravagant queen,
And here's to the housewife that's thrifty.
Let the toast pass:
Drink to the lass:
I'll warrant she'll prove an excuse for the glass.—
Sheridan.

Dr. COOKE responded.

12th. "*The State of New York and her Public Institutions.*"

Response by Dr. Selden H. Talcott;

Fellow-members of the American Institute of Homœopathy: The State of New York and her public institutions deserve a far better representative than I can possibly be, at a time and occasion like this.

The Empire State is a State of vast resources, and of boundless wealth. Her citizens are possessed with tireless energy, and gifted with abilities for glorious achievement.

The great City of New York, over yonder, whose play-house and romping ground is Coney Island, is the great commercial metropolis of the western world. The waters of the Hudson, beside which that city has grown, have become historic from the fact that upon them the experiment of Robert Fulton was made, when he first demonstrated to the world the uses of steam as a factor in the problem of river and ocean travel.

Morse, who was born in the old Bay State, must needs settle in New York before he could perfect that invention of his which should annihilate time and space, and which should span a continent in a second of time, with a zone of intelligence. And Field, who found his field of action in the rocky bed of "Old Ocean," set sail from that same magnificent city, to lay his continent-connecting cables.

In such a centre of historic memories and unparalleled triumphs, we meet to-day; and as you contemplate the

few brief facts I have hastily enumerated, you will, I am sure, be ready to believe that the science of life-preserving medicine is a recognized and revered science in such a State. And you will also be ready to realize the fact that the law of similars, the mightiest and most comprehensive law of therapeutics, is not only an "unwritten law" in the hearts of the people, but it is a law which has become recognized by legislative enactments, and sanctioned in practice by the statutes of the commonwealth.

This great State has not only been the foster-mother of steamboats and railroads, and telegraphs and Atlantic cables, but it has gone farther than this; it has conquered that Upas growth of long centuries and ages, medical bigotry, and given to the world the proud example of a State Institution wherein freedom of medical thought abounds, where personal liberty of opinion prevails, where Homœopathy is recognized, and where the sick in mind may be treated in accordance with those principles in which they most confidently believe. And more than this, the City of New York has emulated the State by establishing a charity hospital in which the benign measures of Homœopathy are being enforced, for the benefit of the City poor.

Fellow-members, when you find progress in one line of thought, there you will find liberality in others. Where you find the people climbing the heights and searching for the everlasting truth, there you will find fruitful fields for its cultivation, and earnest toilers who are working for the growth and development of Homœopathy. And here is the blessed fulfillment of the assertion. The blundering bigotry of those doctors who bound Beaconsfield to his bier, finds little tolerance in the State of New York. Antiquated prejudice, against new light in medicine, which rides so proudly on horseback in England, goes afoot, like a tramp, in the Empire State! These old-time passions are being stripped of their gaudy plumage.

The fact is, times have changed, and things are not what they were Especially is this true in medicine Medical battles are no longer fought with boluses. The old style of warfare is ended. Telescopes, and powder, and electricity have succeeded battering rams and blunderbusses in the grim art of war; and just so, pellets, and dilutions and divided doses have superseded the armamentarium of Old Physic. The world is beginning to learn, and the disciples of Homœopathy have aided in reaching the lesson, that that which is imponderable, strikes blows which are ponderous. The changes are of means, not of ends.

The spirit of the times of kindred with the spirit of Homœopathy.

Homœopaths are merely riding on the flood tide of Progress

Therefore, brethren, let us thank God for the spirit of free thought here in New York, and as well as in every State of the Union; and rejoice that Homœopathy can never die or languish so long as there is freedom in the air or progress in the world.

[Space fails us to give the wit, sentiment and wisdom which held the Institute enthralled 'till a late hour in the evening, and when the guests finally arose from the table it was with the feeling that they had enjoyed one of the pleasantest evenings of their lives.]

RE-UNION OF THE SENIORS.

An annual re-union of the Seniors was held this year as usual, during the session of the Institute at Brighton Beach. Under this designation of "Seniors," are included not only the survivors of the small band of veterans that thirty-seven years ago founded the American Institute of Homœopathy, but all members who have for twenty-five years maintained their good standing in the society. As a recognition of their faithfulness and past services, they are by special resolution of the Institute, exempt from further payment of annual dues, and their names are printed in a separate list.

These gatherings are looked forward to with much interest by the brotherhood, especially by such of the older members as are still able to attend.

The convenient and attractive place selected for the meeting of the Institute, encouraged a larger attendance this year than usual, and although the proceedings may have been of little importance in a scientific aspect, they seemed to be heartily enjoyed by those who took part in them. They were to a large extent, social, fraternal and informal conferences, having reference more to the past than to the future.

Dr. McManus, of Baltimore, or in his absence, Dr. Small, of Chicago, acted as Chairman; Dr. H. D. Paine, as Secretary.

The following Seniors were in attendance on the Institute, nearly all of whom were present at the re union.

1844:—Drs. H. Detwiller, F. R. McManus, P. P. Wells, H. D. Paine. 1845:—Dr. A. Lippe. 1846:—Dr. E. D. Jones. 1847:—Drs. H. L. Chase, S. S. Guy, E. T. Richardson, A. E. Small, D. Thayer. 1848:—Drs. A. P. Cook, E. Guernsey, J. R. Reading, L. B. Wells. 1850:—Drs. G. F. Foote, H. M. Paine, D. Springsteed. 1851:—Dr. V. B. Gambell. 1852.—Dr. J. P. Dake, M. Hammond. 1853:—Drs. W. T. Helmuth, L. M. Kenyon, I. T. Talbot. 1854:—Drs. S. M. Cate, H. B Clarke, N. F. Cooke, H. H. Hofmann, E. U. Jones, T. F. Pomeroy, J. B. Wood. 1855:—Dr. L. De V. Wilder, R. R. Gregg. 1856:—Dr. C. Ormes.

The Secretary made a statement of his correspondence with several members; of moneys received and expended; of the Beneficiary fund; of Seniors deceased during the year past, and of the accessories from the ranks on this occasion. Two Seniors have died since the last meeting, Drs. Constantine Hering and C. A. Stevens. Information had been received also, by him, of the death, previously, of Drs. J. Schmidt and T. C. Stevenson. Drs. C. Ormes, and F. N. Palmer are this year added to the honorary list.

An assessment of one dollar each was made upon the members for current expenses and the Beneficiary fund.

Several letters of regret and greeting from members unable to attend, were read, and the secretary reported that a number of personal histories or sketches had been added to the archives, in compliance with one of the rules adopted at a former meeting; and he urged the desirableness of a more general attention to the rule.

A committee was appointed to confer with the Committee of Arrangements in regard to placing the Seniors at the Banquet. The name of each member was then called in order. Those who were present responded briefly in their own behalf, and intelligence of the absent was in most cases forthcoming. Appropriate references were made to the recently departed associates, and personal reminiscences of them and others, were indulged in as far as time allowed.

The presence of Dr. H. Detwiller, of Easton, Pa., probably the oldest member of the Institute, and one of its founders, was a subject of much congratulation. He ordered the first prescription according to the Homœopathic method, in Pennsylvania, July 23, 1828. Although 86 years old, he is still in good health, with head clear and mind unimpaired. It was related of him that within three or four years, he had performed, in an emergency, a surgical operation of considerable importance with entire success. He made a very sensible and touching address, and in view of his advancing years and the improbability of his meeting again in this world with his colleagues of the Institute, bade them farewell.

At the Banquet, the Seniors were assigned places of honor, and upon their entering the hall in a body, were greeted with hearty applause.

The Association adjourned to meet at Richmond, during the next session of the Institute, June, 1882.

FOURTH DAY—FRIDAY, JUNE 17, 1881.

GENERAL SESSION.

The President, DR. J. W. DOWLING, in the chair.

The following additional names were registered:

Drs. F. J. Nott, J. McE. Wetmore, C. Lippe, N. A. Mosman, T. F. Allen, E. S. Conlyn, E. M. Wines and W. A. Dewey of N. Y. City; Drs. J. A. Easton, A. E. Sumner, J. L. Keep, of Brooklyn; B. L. B. Bayles, Astoria; T. C. Fanning, Tarrytown; L. Whiting, Danvers, Mass.; D. B. Whittier, Fitchburg, Mass.; F. Woodruff, Detroit, Mich.

Unfinished business being in order, Dr. R. B. Rush, of Salem, Ohio, was unanimously elected Censor to fill vacancy.

DR. TALBOT read a report of the Intercollegiate Committee, which was received and referred to Committee on Publication.

The names of the members of the various bureaus which had been handed to the President by their respective chairmen were then, in accordance with the by-laws, read to the Institute.

The chairman of the Board of Censors, Dr. F. R. McManus, then made his final report, and stated the number of new members elected during the session to be over one hundred.

The hour having arrived for the memorial services in honor of members who had died during the past year, the President so announced, and called for remarks from any member disposed to speak. It was voted that the remarks of each member be limited to five minutes. Allusion was made principally to the death of Dr. Constantine Hering and was participated in by Drs. Dake, Morgan, Burgher, James, Beckwith, Talbot and several others. The President also added a few words to what he had already said in his annual address on this subject.

The hour passed in this solemn service, was impressive and interesting, and was a fitting close to one of the most successful and largely attended meetings of the Institute.

Before adjournment, a vote of thanks was tendered the President for the able and impartial manner in which he had presided over the meetings of the Institute. Being called upon for a speech, the President responded in a few words, thanking the members for the universal kindness shown him, and thanking them also for this fresh evidence of their appreciation of his humble efforts to deal justly with all.

A vote of thanks was then tendered the remaining officers for the past year—the Committee of Arrangements for the meeting of the Institute—the press—and particularly the Editors of the NEW YORK MEDICAL TIMES for the daily issue and the full and complete reports of the meeting. This daily issue of a medical journal was spoken of as a masterly piece of enterprise almost unheard of in medical journalism. A vote of thanks was also tendered Mr. Breslin, proprietor of the Hotel, for his courtesy and kindness to the members.

The session was then adjourned *sine die*.

COMPOSITION OF BUREAUS, 1881.

SURGERY.

Drs. A. R. Thomas (Chairman), W. T. Helmuth, I. T. Talbot, S. R. Beckwith, J. E. James, C. M. Thomas, N. W. Kneass, N. Schneider, C. L. Green, L. H. Willard, E. C. Franklin, F. E. Doughty, J. H. McClelland, W. A. Reed.

ORGANIZATION, REGISTRATION, AND STATISTICS.

Drs. I. T. Talbot (Chairman), H. M. Smith, R. B. House, T. F. Smith, B. W. James, P. G. Valentine, J. Pettit, J. J. Youlin, Lewis Sherman.

HISTOLOGY AND MICROSCOPY.

Drs. J. Edwards Smith (Chairman), E. Rushmore, W. B. Trites, R. R. Gregg, C. Wesselhœft, J. C. Morgan, L. B. Couch, W. H. Winslow.

SANITARY SCIENCE.

Drs. E. U. Jones (Chairman), A. R. Wright, D. H. Beckwith, B. H. Wheeler, B. W. James, Geo. M. Ockford, L. D. Morse, Wm. M. Cate.

CLINICAL MEDICINE.

Drs. Thos. F. Pomeroy (Chairman), David Thayer, N. F. Cooke, Ad. Lippe, N. R. Morse, J. W. Dowling, E. A. Farrington, A. R. Bennett, S. Lilienthal, P. G. Valentine, J. C. Morgan, J. S. Mitchell, E. Rushmore, W. M. Cate.

MATERIA MEDICA, PHARMACY, AND PROVINGS.

Drs. A. C. Cowperthwaite (Chairman), E. A. Farrington, William Owens, Kate Parsons, L. D. Morse, A. W. Woodward, T. F. Allen, W. J. Hawkes, W. H. Leonard, H. C. Allen, L. M. Kenyon, W. P. Armstrong.

ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

Drs. W. Von Gottschalk (Chairman), E. H. Pratt, G. A. Hall, H. P. Bellows, C. Van Artsdalen, A. S. Everett, William Owens, T. H. Mann, W. B. Trites, W. H. Winslow.

OBSTETRICS.

Drs. C. G. Higbee (Chairman), C. Ormes, S. M. Cate, E. C. Morrill, S. P. Burdick, J. P. Mills, Geo. B. Peck, Mary L. Swain, H. H. Hofmann, J. N. Mitchell, Mary D. W. Matthews, Millie J. Chapman.

PSYCHOLOGY.

Drs. S. Lilienthal (Chairman), J. R. Haynes, T. L. Brown, S. H. Talcott, J. C. Guernsey, P. G. Valentine, O. P. Baer, M. Deschere, W. M. Butler, C. H. Lawton, S Worcester, Mary A. B. Woods.

PÆDOLOGY.———Dr. C. Ormes (Chairman).

OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY.

Drs. F. Park Lewis (Chairman), Geo. S. Norton, J. H. Buffum, H. C. Houghton, J. M. Schley, W. A. Phillips, W. H. Winslow, C. H. Vilas, D. J. McGuire, D. B. Hunt.

GYNÆCOLOGY.———Dr. H. Minton (Chairman).

COMMITTEE ON LEGISLATION.

Drs. J. C. Morgan (Chairman), J. P. Dake, T. S. Verdi, J. H. McClelland, E. D. Jones, A. I. Sawyer, A. E. Small, Mary J. Safford, G. F. Roberts, P. G. Valentine.

COMMITTEE ON FOREIGN CORRESPONDENCE.

Dr. W. H. Winslow (Chairman).

COMMITTEE ON RAILROAD FARES.

Drs. A. C. Cowperthwaite (Chairman), N. R. Morse.

COMMITTEE ON MEDICAL LITERATURE.

Dr. P. Dudley (Chairman).

DELEGATES TO AMERICAN PUBLIC HEALTH ASSOCIATION.

Drs. M. T. Runnells, A. R. Wright.

THE RECEPTION tendered by the New York County Society, at Delmonico's, was a fitting close of the social part of the Institute programme. Drs. J. Ralsey White, President, and E. Carleton, Jr., Vice-President, with their ladies, recieved the guests in behalf of the Society, and a goodly number were present.

After partaking of the good things which Delmonico had provided, to their satisfaction, the occasion was enlivened by some delightful vocal music, kindly volunteered by Dr. and Mrs. Arthur T. Hills, and Dr. and Mrs. L. L. Danforth. Then followed the "flow of reason," interspersed with "English glees:" and at a late hour the assemblage broke up, all well satisfied that the last was the pleasantest hour of them all. *Long live the memory of the Institute of* 1881!

BIBLIOGRAPHICAL.

PHYSIOLOGICAL MATERIA MEDICA. Containing all that is known of the Physiological Action of our own Remedies, together with their Characteristic Indications and Pharmacology. By W. H. Burt, M. D. Chicago: Gross & Delbridge, 1881.

This large and well printed book of nearly a thousand pages, is an effort on the part of the author to combine in a single volume, the pharmacy, pathology, and therapeutics of our drugs, in a convenient form for ready reference. The author gives the Latin and English name of the drug; where it is to be found, the part used in medicine, and how to prepare it for use; its antidotes; the number of tissues acted upon, followed by a tabulated summary of its whole range of action. Then follows the physiological action, tissue by tissue, and finally under the head of Therapeutic Individuality, its characteristic therapeutics are given. Holding that all remedies have for their centre of action the *nervous centres*, either animal or organic, the author believes that those that have their centre of action in the animal (cerebro spinal) nervous system are the true remedies for acute and sub-acute diseases, and those that have their centre of action in the organic (ganglionic) nervous system are the true remedies for sub-acute and chronic diseases, and that often the cerebro-spinals can be alternated with advantage with the organic remedies.

Every physician who has attempted to get at the proper remedy for his case in the mountains of symptoms presented for his investigation in many of our works on Materia Medica, will fully appreciate the labor and skill with which our author has presented the physiological and pathological action of a drug on the organism, thus placing in the hands of the busy practitioner a guide for the solution of the specific drug to meet the indications of the disease under consideration. The writer has brought together in a compact and well arranged form, an immense amount of information. A clinical index, while adding but little to the size of the volume, would materially increase its value.

CORRESPONDENCE.

"IT IS HARD TO KICK AGAINST THE PRICKS."

In Dr. Geo. M. Beard's treatise on *Nervous Exhaustion*, at page 46, is the following:

"It has been supposed that this drowsiness was a symptom of anæmia of the brain, while wakefulness was a symptom of hyperæmia of the brain; but the truth is, that both conditions may be relieved oftentimes by the same treatment. On this subject, my friend, Dr. Lente gives me this experience: He was in consultation with the late Dr. George T. Elliott, of this city, over a case of severe hæmorrhage which caused the patient to be very sleepless from profound anæmia. Dr. Lente suggested the use of bromide of potassium. Dr. Elliot objected, on the theory that the bromides *tended to diminish the quantity of blood in the brain;* bromide, however, was used, and it made the patient sleep in spite of anæmia. All close observers must have had experience very much the same."

Now, what can we make of this other than homœopathic treatment? The patient was "very sleepless from profound anæmia." The bromides avowedly "diminish the quantity of blood in the brain." The "bromide, however, was used, and it made the patient sleep in spite of anæmia," and, simply, because *similia similibus curantur is a law of cure.*

But there is a point here of which the homœopath must not lose sight, namely: the dose given. In this case, the dose was undoubtedly large, from our standpoint; the remedy was as undoubtedly "homœopathic" to the condition existing, and, according to homœopathic teaching, it should have produced an "aggravation," and thus have defeated the purpose of the physician. Evidently, then, a large dose does not always deal havoc.

The Homœopathic purist may object that this large dose, if not absolutely harmful, was not needful; that if the bromide of potassium was "*the* remedy," it would have done the work in the small dose. Such an objection is, however, very cheap, and such an objector must produce a case wherein the bromide in his "small dose" has acted as an hypnotic.

This case has a still further value as an instance of selecting a remedy by the correspondence between its physiological action of the drug and the pathology of the condition; and it is in such instances that I believe the large dose to be demanded.

Imagine a physician at such a bed-side, and at a loss for the exact remedy—unable to select the *similimum*. He reasons; the condition is one of profound cerebral anæmia; the bromide of potassium will produce cerebral anæmia; *let likes be treated by likes.* The bromide is given in such doses as have produced cerebral anæmia, and sleep comes. The end is gained, and under the guidance of the law of similars, *with a certain* dose! In such a case, the sleeplessness is a transient condition, which will disappear without medication so soon as the blood supply is replenished. It is not a "disease," but a consequent of a physical cause—a hæmorrhage. The blood-loss will be made up in a few days, and not by medication, *cannot be made up by medication*, and what can exclude the physician from using the means best known to him for producing sleep? The bromide is "homœopathic," and it were "a fatal error" not to use it.

Remarks from an "International" are now in order.

SAMUEL A. JONES, M.D., *Ann Arbor, Mich.*

MESSRS. EDITORS:—The article in the May number of your journal on "Lupus and its Treatment with *Hydrocotyle Asiatica*," contains an error in stating that Dr. Boileau treated fifty-seven cases of this disease with this drug. Dr. Boileau's cases were Leprosy (Elephantiasis Græcorum) not Lupus. I was the first, I believe to report benefit from the use of *Hydrocotyle* in Lupus. (See pages 68, 201, and 206 of my "Mat. Med. and Ther. of the Skin.")

Hydrocotyle Asiatica is unquestionably an active drug, but the literature of it is scanty, there being little concerning it except in Dalpiaz et Fournier's "Notice sur l'Hydrocotyle Asiatica," and Audouit's "Etudes Path. et Thér., sur l'Hydrocotyle Asiatica." Paris, 1857.

Respectfully, H. G. PIFFARD.

REFLEX ANÆSTHESIA.—This condition (*Le Prog. Med.*) which was located in the shoulder, arm and upper third of the fore-arm, had followed a wound of the axillary region. The wound had been cured for some weeks but the anæsthesia persisted. The successive application of blisters, even to the point of cicatrization, brought a progressive and finally a complete cure.

INFLUENCE OF WIND INSTRUMENTS UPON PULMONARY AFFECTIONS.—M. Burg (*Le Prog. Med.*) in examining the statistics of military hospitals for 26 years, found that phthisis pulmonalis occurred more rarely in those soldiers who played on wind instruments than in others; he advises the practising of vocal music by those in whom phthisis is threatening.

A PHYSICIAN, who believes he can cure hydrophobia, desires us to say that he will attend such cases *gratuitously*, and travel fifty miles at his own expense. Application for address should be made at this office.

At a meeting of the Medical Board of the Homœopathic Hospital, Ward's Island, held this evening, the following preamble and resolutions were adopted:

Whereas, It has pleased the Divine Creator to remove from our midst, at the very outset of his career, and in the first flush of his youthful hopes of professional success, Dr. C. W. Brautigam; and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease, at the Hospital, while in active discharge of his duty as interne to that institution, therefore be it

Resolved, That the Medical Board of the Homœopathic Hospital, Ward's Island, has learned with profound sorrow of the death of Dr. C. W. Brautigam

Resolved, That it is a fitting occasion for the entire staff of the Hospital to express its appreciation of the services of its interne; of his bravery in the untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude which, to the end of his life, he exhibited in the strict performance of his duty.

Resolved, That the sadness engendered by the death of one so young must be combined with high admiration for the manner in which, with "his harness on," and in the *front* of the battle, he was suddenly summoned to the presence of his Maker.

Resolved, That these expressions of our estimation of his life, his character, and his noble death be presented, with the sincere sympathy of the Medical Board of the Hospital, to his bereaved family and friends, and be published in the medical journals of the country.

[Attest] Alfred K. Hills, *Secretary*.
New York, June 2, 1881.

Dr. A. B. Norton, Resident Physician to the New York Five Points House of Industry, reports that Institution as in a flourishing condition, and its hospital facilities taxed to their utmost. Epidemics of Scarlet fever and Measles have yielded promptly to treatment, and only one case of Varioloid has appeared recently. Vaccination is thoroughly practiced and continued. Only one case of cerebro-spinal meningitis has developed within the past three months, which recovered without sequelæ. This Institution affords an excellent opportunity for the study of diseases of children, and the best results have followed the treatment.

Dr. Geo. F. Foote's delightfully situated "Home" at Stamford, Conn., for the treatment of the harmless insane, inebriates, and patients suffering from the opium habit, reports most successful operation. Dr. Foote is well-known to the profession, as a most careful and conscientious physician, and we can rest assured that patients placed in his care will be put in the most favorable condition for recovery, with the comforts of a genial and healthful family atmosphere.

The Philadelphia Grand Jury in a recent presentment of the City Hospital, recommended that the various schools of that city should be represented in the clinical teaching. This is a move in the right direction, and will tend to harmonize the various modes of practice.

Dr. Williamson, Chief of Staff of the Homœopathic Hospital, W. I., informs us that his annual report is in type and nearly ready for delivery. A synopsis has already appeared in these columns.

An association has been organized, with the Hon. Montgomery Blair as chairman, to establish a homœopathic hospital in Washington, D. C.

The N. Y. Ophthalmic Hospital reports for the month of May, prescriptions, 3,914; new patients, 593; resident patients, 12; average daily attendance, 156; largest daily attendance, 218.

The Medical press was well represented at the late meeting of the Institute: Drs. James. Dudley, and Farrington, of the *Hahnemannian;* Dr. Valentine, of the *Clinical Review;* Dr. Duncan, of the *Investigator;* Dr. Clapp, of the *N. E. Gazette;* Dr. Lilienthal, of the *N. A. Journal;* Dr. Blumenthal, of the *Homœopath;* Dr. Minton, of the *Journal of Obstetrics;* and Dr. Butler, of the *Med. Chirur. Quarterly.* We had a good time, notwithstanding the fact that a Western contemporary has turned us all over to the "Eclectics."

A recent act of the Legislature has made provisions for the organization of a State Reformatory for Young Women between the ages of fifteen and thirty years. This act appropriates $100,000 for the erection of the necessary buildings, which are to accommodate 250 persons. The institution is to be under the control of a board of five managers (who have already been appointed by the Governor), two ladies and three gentlemen.

The reformatory is to be, to a certain extent, self-supporting, and is intended to reach that class of young persons guilty of petty larceny, or who have become obnoxious to the community through the violation of moral laws, but who, in a place like this, with healthy surroundings and proper moral influences, will have a chance for reformation. The Trustees, Mrs. Dr. Guernsey, Mrs. Charles Spencer, Judge Sackett of Saratoga, Mr. Edwin Clark, of Cooperstown, and Mr. Hicks, of Long Island, will meet at Saratoga on the 20th to select a proper location.

We are glad to hear that Dr. Talcott, the Superintendent of the State Insane Asylum, at Middletown, has been invited by the faculty of the Hahnemann College, Philadelphia, to deliver a course of lectures on mental and nervous diseases in that institution. We congratulate the faculty on the accession to their ranks of one second to none in the United States in a specialty which has been too much neglected in our colleges.

The Brooklyn Homœopathic Hospital is rapidly growing in public favor. A new wing is in course of erection, which will be four stories high and one hundred and two feet long—brick, with brown stone trimmings. The Hospital when finished will accommodate nearly two hundred patients. Both buildings will be heated by steam and perfectly ventilated, and the institution will be first-class in every respect. An ambulance has recently been purchased by the staff of the Hospital, and the Board of Health have assigned a district for it. In three months time two hundred and twenty-two patients have been cared for by the ambulance surgeon, Dr. Geo. Merrillies, the most of them surgical cases.

The New York Medical College and Hospital for Women has secured the building at 213 W. 54th St.—lately occupied by Hahnemann Hospital—where the institution will hereafter continue. Full information will be furnished by the Secretary of the Faculty, Dr. Brinkman, 219 W. 23d St.

Locust Lawn.—To those of our friends wishing to send patients to the country where they can still be under excellent medical care we cordially recommend the elegant mansion of our friend Dr. Tilden, Peekskill, N. Y.

Dr. A. P. Williamson, Chief of Staff, reports 593 patients treated at the Homœopathic Hospital, W. I., with a death-rate of 3.20 per cent. for May.

Dr. W. H. Faulkner has located at Liberty, Sullivan Co., N.Y.

The San Francisco Homœopathic Hospital is in active operation.